

OFFICE OF THE CLERK
**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

Robert H. Jackson
United States Courthouse
2 Niagara Square
Buffalo, New York 14202
Phone: 716-551-1700
Fax: 716-551-1705

MARY C. LOEWENGUTH
CLERK OF COURT

PATRICK J. HEALY
CHIEF DEPUTY CLERK

Kenneth B. Keating
Federal Building
100 State Street, Room 2120
Rochester, New York 14614
Phone: 585-613-4000
Fax: 585-613-4035

NOTICE

TO: S. Smith
655 Oliver St. #2
North Tonawanda, NY 14120

The enclosed documents which were received in the Office of the Clerk of the Court on 03/12/2021, are herewith returned to you, because the Court is not permitted to give legal advice. Enclosed is a civil case opening packet, if you wish to file a civil action.

MARY C. LOEWENGUTH
Clerk of the Court

By: _____



Deputy Clerk

Dated: March 12, 2021

Attorney:

David W. Polak, Esq.

Attorney at Law, P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

April 17, 2019

Shaulene Smith
655 Oliver Street
Apt. 2
North Tonawanda, NY 14120

310-6649

Re: Shaulene Smith v. City of North Tonawanda

Dear Shaulene:

As you are aware, we served a Notice of Claim on the City of North Tonawanda in March of 2018. While the City scheduled a 50-H hearing for you, they later cancelled it and have not rescheduled the hearing. However, we cannot determine who the owner of the property was that you have claimed to have fallen on and who if anyone maintained it.

Since that time, we had been gathering medical records and it appears from the imaging studies performed by September 9 2018 of your brain and cervical spine MRIs were deemed to be normal or no acute abnormalities. The imaging identifies degeneration in the cervical spine. While a report from Degraff claims that you have a mild compression of a vertebrae it does not identify what caused that condition or if the condition had pre-existed. In fact, the Emergency Room records claim that you fell in the street and that your complaints were for left abdominal pain and low back pain.

In a premise liability case, first you must prove that a property owner was negligent resulting in a person's injury. There is almost always a finding of a certain percentage of fault placed on the person walking that ranges from 1-100% responsibility for falling due to their footwear, knowledge of certain surfaces they have walked on in the past as well as the frequency of walking in a particular area, as well as having seen the condition of the walking surface prior to falling or tripping. When property owners or maintenance companies maintain their property juries will "No Cause" cases because this is Western New York and winter is something we are well aware of as well as the weather conditions. They are not afraid to dismiss cases.

Here, given the complexities of the property ownership as well as the "normal" findings on additional imaging reports with no correlation to an incident, we are electing to decline further representation of you in this matter.

NORMAN B. VITI, JR.
ROBERT G. SCUMACI (NY & NJ)
TIMOTHY J. GRABER
SALLY J. BROAD
ROBERT J. MULLINS, II
MELISSA L. ZITTEL
RYAN P. CRAWFORD
MICHAEL P. SULLIVAN
MELISSA M. MORTON
MELINDA L. GRABOWSKI
JASON A. GOODMAN

GEORGE M. GIBSON
(1929-2002)

JAMES S. McASKILL
(1929-1995)

GIBSON, McASKILL & CROSBY, LLP
ATTORNEYS AT LAW
69 DELAWARE AVENUE, SUITE 900
BUFFALO, NEW YORK 14202-3866
TELEPHONE: (716) 856-4200
FACSIMILE: (716) 856-4013
Service not accepted by fax or e-mail

THEODORE A. JOERG
ALEXANDRA C. JAEHN
ENDELL J. OSUNA
SOFIA L. REZVANI
KELSEY R. RUSZKOWSKI
BETHANY A. TAYLOR
ELISHA D. TEIBEL
Special Counsel
ROBERT E. SCOTT
MICHAEL J. WILLETT
JOSEPH W. DUNBAR
CRAIG R. WATSON (NY & WA)
ELIZABETH G. ADYMY
ROBERT D. BARONE
KRISTIN A. TISCI
AARON F. GLAZER
Of Counsel
VICTOR ALAN OLIVERI
MARK SPITLER
CAROL WHITE GIBSON
PAULETTE E. ROSS

August 28, 2020

Shaulene Smith
655 Oliver Street
Apartment 2
North Tonawanda, NY 14120

Re: Smith v. City of North Tonawanda

Dear Ms. Smith:

After reviewing the file materials you presented to me, it appears that a Summons and Complaint were not timely filed.

As a result, I will not be able to represent you in this matter.

Enclosed are your file materials. If you have any questions, please give me a call.

Very truly yours,

s/ Charles S. Desmond

Charles S. Desmond, II
for GIBSON, McASKILL & CROSBY, LLP
email address: cdesmond@gmclaw.com

/kew
Enclosures

PLEADINGS

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

July 24, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

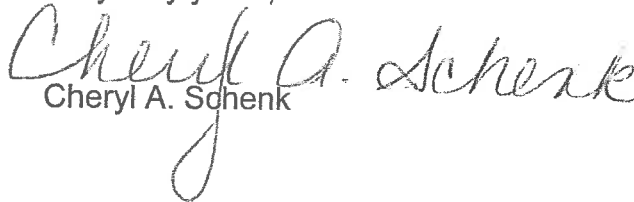
As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from UBNS on behalf of our client.

Finally, the above matter was scheduled for a 50-h hearing on June 14, 2018 at 10:00 a.m. Unfortunately, Mr. Polak was out of the office for his daughter's Field Day. Would you be so kind as to reschedule the same?

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,


Cheryl A. Schenk

/cs
Enclosure

City of North Tonawanda

OFFICE OF THE CITY ATTORNEY
CITY HALL
216 PAYNE AVENUE
NORTH TONAWANDA, N.Y. 14120-5489

LUKE A. BROWN
CITY ATTORNEY

TELEPHONE
(716) 695-8590
FAX (716) 695-8592

NICHOLAS B. ROBINSON
ASSISTANT CITY ATTORNEY

May 11, 2018

David W. Polak, Attorney at Law
1370 Union Road
West Seneca, NY 14224

ATT: Cheryl A. Schenk, Esq.

RE: Shaulene Smith v. City of North Tonawanda

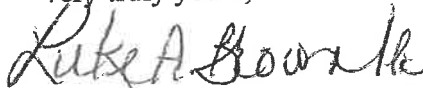
Dear Ms. Schenk

Please be advised that at this time I am available for a 50-h hearing in the above-referenced matter at 10:00 AM on any of the following dates: Wednesday, June 6, Thursday, June 7, Tuesday, June 12, or Thursday, June 14, 2018.

As a courtesy, we offer our conference room here in North Tonawanda City Hall, 216 Payne Avenue, North Tonawanda, for the depositions, and we provide the steno.

Please contact me with your preference in scheduling and any questions you may have.

Very truly yours,



Luke A. Brown
City Attorney

LAB/lk

5/14/18

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

May 14, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda

City Hall

Attn: Luke A. Brown, Esq.

216 Payne Avenue

North Tonawanda, New York 14120

Re: Our Client: Shaulene Smith
DOL: February 2, 2018

Dear Mr. Brown:

As a follow up to your correspondence regarding the above referenced matter, please be advised we are available **June 14, 2018 at 10:00 a.m.**

Kindly confirm same is still available.

Thank you for your courtesies to this matter. Should you have any questions please contact the undersigned at your earliest convenience.

Very truly yours,

Cheryl A. Schenk
Cheryl A. Schenk

/cs

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

May 14, 2018

Shaulene Smith
655 Oliver Street
Apt. 2
North Tonawanda, NY 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Shaulene:

Please be advised your matter has been scheduled for a **50-h hearing on June 14, 2018 at 10:00 a.m.**

You are to meet Mr. Polak at the North Tonawanda City Hall, 216 Payne Avenue, North Tonawanda, New York 14210.

Upon receipt of this correspondence, kindly contact the undersigned to advise your availability for same. Thank you.

Very truly yours,


Cheryl Schenk

/cs

Fax Call Report**HP LaserJet 500 MFP M525****Page 1****Fax Header Information**

office fax
7166752885
Jun/7/2018 1:11:09 PM

Job	Date/Time	Type	Identification	Duration	Pages	Result
1972	Jun/7/2018 1:10:20 PM	Send	6958592	0:47	1	Success

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

June 7, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

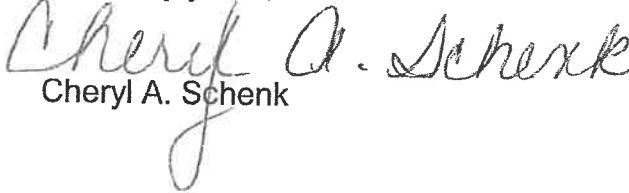
Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

The above matter is currently scheduled for a 50-h hearing on **June 14, 2018 at 10:00 a.m.** Unfortunately, Mr. Polak is going to be out of the office for his daughter's Field Day. Would you be so kind as to reschedule the same?

We thank you for your courtesies to this matter. Should you have any questions please contact the undersigned at your earliest convenience.

Very truly yours,


Cheryl A. Schenk

/cs

Fax Call Report**HP LaserJet 500 MFP M525****Page 1****Fax Header Information**

office fax
7166752885
Jul/16/2018 11:23:43 AM

Job	Date/Time	Type	Identification	Duration	Pages	Result
2343	Jul/16/2018 11:21:30 AM	Send	6502691	2:10	2	Success

City of North Tonawanda

OFFICE OF THE CITY ATTORNEY
CITY HALL
216 PAYNE AVENUE
NORTH TONAWANDA, N.Y. 14120-5489

LUKE A. BROWN
CITY ATTORNEY

NICHOLAS B. ROBINSON
ASSISTANT CITY ATTORNEY

TELEPHONE
(716) 695-8590
FAX (716) 695-8592

May 11, 2018

David W. Polak, Attorney at Law
1370 Union Road
West Seneca, NY 14224

ATT: Cheryl A. Schenk, Esq.

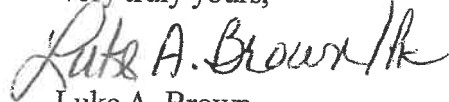
RE: Shaulene Smith v. City of North Tonawanda

Dear Ms. Schenk

Please be advised that we have scheduled a 50-h hearing in the above-referenced matter for Thursday, June 14, 2018, at 10:00 AM, here in our city attorney's conference room, North Tonawanda City Hall, 216 Payne Avenue, North Tonawanda.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Luke A. Brown
City Attorney

LAB/lk

4/7/18 left message w/ Linda @ 1:16pm

*sent letter to client
on 5/14/18*

5/21/18

Fax Call Report**HP LaserJet 500 MFP M525****Page 1****Fax Header Information**

office fax
7166752885
May/14/2018 11:20:48 AM

Job	Date/Time	Type	Identification	Duration	Pages	Result
1719	May/14/2018 11:20:00 AM	Send	6958592	0:44	1	Success

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

March 18, 2019

Via Facsimile: (716) 695-8592

City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

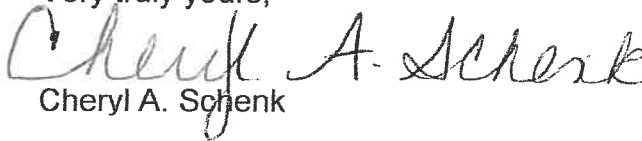
Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from UBNS/Dr. Jonathan Riley on half of our client Shaulene Smith.

Thank you for your courtesies to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,


Cheryl A. Schenk

/cs
Enclosure

STATE OF NEW YORK
SUPREME COURT : COUNTY OF NIAGARA

SHAULENE SMITH

Plaintiff(s),

AFFIDAVIT OF SERVICE

-VS.-

CITY OF NORTH TONAWANDA

Defendant(s).

State of New York,)
County of Erie) ss.:

I, David W. Polak, Esq. being duly sworn, deposes and says that deponent is over 18 years of age and not a party to this action; that on March 26, 2018, at approximately 12:35 p.m. at the City of North Tonawanda City Hall at 216 Payne Avenue, North Tonawanda, New York 14120 deponent served the annexed Citation on Daniel R. Quinn in the following manner:

- ☐ Individual By delivering a true copy thereof to said recipient personally; deponent knew the person so served to be the described therein.
- ☐ Corporation By delivering to and leaving with _____ who stated he/she was authorized to accept service on behalf of said corporation.
- ☒ Responsible Person By delivering to and leaving with Daniel R. Quinn a true copy thereof, a person of suitable age and discretion. Said premises being the recipient's ___ dwelling place ___ usual place of abode, X place of business within the State of New York.
- ☐ Affixing to Door By affixing a true copy thereof to the door of said premises, which is recipient's ___ dwelling place ___ usual place of abode ___ place of business within the State of New York. Deponent was unable, with due diligence to find recipient or a person of suitable age and discretion, thereat, having called thereon:
- ☐ Mail A true copy was deposited on _____ 2018 in a postpaid properly addressed envelope, the above address, in an official depository under the exclusive care and custody of the United States Postal Service.

Description

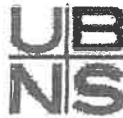
Sex	Skin	Hair	Age	Height	Weight	Other
MALE	WHITE	GRAY	55	5'11	190	GLASSES

DATED: July 3, 2018
West Seneca, New York

Sworn to before me this 3rd day of July 2018

James A. Partacz
Notary Public

JAMES A. PARTACZ
Notary Public, State of New York
Reg. #02PA4735162
Qualified in Erie County
My Commission Expires Dec. 31, 2021



UNIVERSITY AT BUFFALO
NEUROSURGERY
UBNS.COM

Neurosurgeons

Brad L. Levy, MD, MBA, FACS, FAHA

Gregory J. Castiglia, MD, FACS

Jason M. Davies, MD, PhD

John G. Fahnback IV, MD

Kevin J. Gibbons, MD, FACS, FAARS

Yves Li, MD

Douglas R. Moreland, MD, FACS

Jeffrey P. Mullin, MD, MBA

Robert J. Plunkett, MD

John Pollina, MD, FACS

Ronnie Reynolds, MD, FAARS

Jonathan Riley, MD

Adrian H. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Snyder, MD, PhD, FAARS

Michael R. Stoffman, MD, FACS, FAARS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM

Andrea C. Wang, MD, DABPM, DABPM, APM

Chiropractors

Jonathan P. Beck, DC

Sungy Kapoor, DC

3900-A Sheridan Drive

Amherst, NY 14226

716/218-1000

EMR Fax: 716/659-2691

Buffalo General Medical Center

100 High Street - Section B4

Buffalo, NY 14203

716/218-1000

EMR Fax: 716/659-7480 & 7481

5959 Big Tree Road - Suite 101

Orchard Park, NY 14127

716/218-1000

EMR Fax: 716/677-4038

Chief Children's Outpatient Center

Conventus Building

1001 Main Street - 3rd Floor

Buffalo, NY 14203

716/218-1000

EMR Fax: 716/342-2535

The Park Center

100 Park Club Lane

Williamsville, NY 14221

716/639-9402

EMR Fax: 716/639-3570

6920 WYHAMER ROAD - Suite 3000

(Dr. Michael Stoffman)

Whegan Falls, NY 14304

716/218-1000

EMR Fax: 716/295-8396

Interventional Pain Management

(Dr. Jafar Siddiqui, Dr. Andrea Wang)

100 Park Club Lane

Suite 250

Williamsville, NY 14221

716/218-1000

EMR Fax: 716/379-7677

December 6, 2018

Patient Name: Shaulene N Smith
Date of Birth: 11/15/1973
Date of Exam: 12/06/18
Resident Physician: David Smolar, MD
Attending Physician: Jonathan Riley, MD

History: Ms. Smith is a 45-year-old female seen in followup for her prior T12 compression fracture. The patient also noted previously to be clinically myelopathic. A workup including an MRI of the brain and the cervical spine with and without contrast and neurology consultation were completed.

The patient denies any symptoms except for continued midline back pain in the lower thoracic region at the site of her prior fracture. She also describes a burning sensation in this area. There is pain with palpation in this region. She is otherwise doing well. No difficulties with ambulation. Some longstanding left shoulder pain.

Physical Examination: Ms. Smith is awake, alert, and oriented. Face is symmetrical. Tongue is midline. In bilateral upper extremities, right upper extremity is 5/5 throughout and left upper extremity distal 4+/5 in grip which is longstanding and pain limited. No Hoffman's sign. Bilateral lower extremities are 5/5 throughout. No hyperreflexia or clonus is noted. Sensation is grossly intact to light touch throughout.

Review of Studies: Cervical spine and brain MRI with and without contrast from 09/06/2018 are unremarkable. Otherwise, no new imaging; however, MRI of the thoracic spine from 08/08/2018 is unremarkable.

Medical Decision Making: Ms. Smith is a 45-year-old female complaining only of mild midline back pain. She had a prior T12 small compression fracture which has remained stable and was treated conservatively with bracing. At this point, Ms. Smith is cleared from a neurosurgical standpoint to return to her regular activities including work. She may follow up on a PRN basis. The patient was instructed to call the office with any concerns.

Thank you for allowing us to participate in the care of this patient.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial enco

Shaulene N Smith DD 12/06/2018

Page #2

David Smolar MD

Electronically signed by David Smolar, MD-Resident
David Smolar, MD

I have seen and examined the patient and agree with the above.

Jonathan Riley

Electronically signed by Jonathan Riley, MD
Jonathan Riley, MD
DS/jmb

cc Lynne Ross MD
Dent Neurologic Institute
Christopher Deline MD



UNIVERSITY AT BUFFALO
NEUROSURGERY
UBNS.COM

Neurosurgery

Eliad I. Levy, MD, MBA, FACS, FAHA
Gregory J. Castiglia, MD, FACS
Jason M. Davies, MD, PhD
John G. Fisherback IV, MD
Kevin J. Gibbons, MD, FACS, FAANS
Yenai Li, MD
Douglas B. Moreland, MD, FACS
Jeffrey P. Mullin, MD, MBA
Robert J. Plumbert, MD
John Pollina, MD, FACS
Renske Reynolds, MD, FAANS
Jonathan Riley, MD
Adrian H. Siddiqui, MD, PhD, FACS, FAHA
Kenneth V. Snyder, MD, PhD, FAANS
Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafer W. Siddiqui, MD, FAAPMR, DABPM
Andrea C. Wong, MD, DABA, DABAPM, NPI

Chiropractors

Jonathan P. Beck, DC
Suraj Kapoor, DC

3900-A Sheridan Drive
Amherst, NY 14226

716/218-1000

EMR Fax: 716/620-2091

Buffalo General Medical Center
100 High Street - Section B4
Buffalo, NY 14203

716/218-1800

EMR Fax: 716/859-7480 & 7481

5959 Big Tree Road - Suite 103
Orchard Park, NY 14127

716/218-1000

EMR Fax: 716/677-4038

Oriskany Children's Outpatient Center
Corvus Building
1001 Main Street - 3rd Floor
Buffalo, NY 14203

716/218-1000

EMR Fax: 716/342-2535

The Park Center

180 Park Club Lane

Williamsville, NY 14221

716/839-9402

EMR Fax: 716/839-3570

4930 Williams Road - Suite 3000

(Dr. Michael Stoffman)

Amherst, NY 14204

716/218-1000

EMR Fax: 716/205-8306

Interventional Pain Management

(Dr. Jafer Siddiqui, Dr. Andrea Wong)

180 Park Club Lane

Suite 250

Williamsville, NY 14221

716/218-1000

EMR Fax: 716/500-7677

Date: 03/14/19

Name:

Shaulene N Smith

DOB: 11/15/1973

Shaulene N Smith may return to work on 03/18/2019 with the following
restrictions: light duty.

Sincerely,

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Fax Call Report

HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax
7166752885
Mar/18/2019 3:00:28 PM

Job	Date/Time	Type	Identification	Duration	Pages	Result
4253	Mar/18/2019 2:59:05 PM	Send	6958592	1:21	4	Success

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

March 14, 2019

Via Facsimile: (716) 650-2691

UBNS

Attn: Dr. Jonathan Riley

3980-A Sheridan Drive

Amherst, New York 14226

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

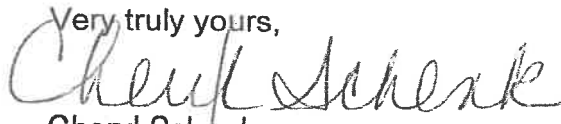
Dear Dr. Riley:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from **December 5, 2018 to present** as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,


Cheryl Schenk

Enclosure

**STATE OF NEW YORK
SUPREME COURT : COUNTY OF NIAGARA**

SHAULENE SMITH,

Claimant,

v.

NOTICE OF CLAIM

CITY OF NORTH TONAWANDA,

Respondent.

PLEASE TAKE NOTICE that SHAULENE SMITH, the Claimant herein, by her attorneys, David W. Polak Attorney At Law, P.C., does hereby claim as follows:

1. I am the Claimant in the above-captioned matter and I currently reside at 655 Oliver Street, Apt. 2, North Tonawanda, New York 14120.

2. On February 2, 2018, while walking to work on a public sidewalk on Payne Avenue in the City of North Tonawanda, County of Niagara and State of New York, was caused to slip and fall due to the hazardous, dangerous and slippery condition that was either left to remain untreated and/or was created by the City, its employees or entities that control and maintain the subject sidewalks and/or their failure to remove snow and ice from the sidewalk along Payne Avenue in the City of North Tonawanda adjacent to John Brauer Park. My claim against The City of North Tonawanda is based upon their negligence, failure to maintain, control and upkeep of the sidewalk, and/or creating a dangerous and hazardous condition.

3. As a result of my fall, I sustained a very serious injury to my spine suffering a vertebral compression fracture of my thoracic spine at the T-12 level. The injury has not healed properly and most likely will be permanent in nature.

4. I recently retained David W. Polak Attorney At Law., P.C. to represent me in connection with this claim. Their law offices are located at 1370 Union Road, West Seneca, New York 14224. The firm's telephone number is (716) 675-2889.

5. I am hereby making a claim for an undetermined amount of money against the municipal Respondent, the City of North Tonawanda, for personal injury, pain and suffering including loss of enjoyment of life.

DATED: West Seneca, New York
March 26, 2018


SHAULENE SMITH

STATE OF NEW YORK)
)SS:
COUNTY OF ERIE)

On this ___ day of March 2018 before me, the undersigned, a notary public in and for said state, personally appeared **SHAULENE SMITH** personally known to me or provided to me on the basis of satisfactory evidence to be the individual whose names is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.


NOTARY PUBLIC

Sworn to before me this 26th
day of March 2018.


Notary Public

DAVID W. POLAK
NOTARY PUBLIC STATE OF NEW YORK
QUALIFIED IN ERIE COUNTY
LIC. #02PO6061682
MY COMMISSION EXPIRES JULY 16, 2019

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

December 6, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

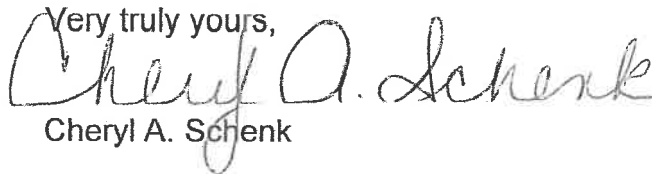
Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from Advanced Care Physical Therapy on half of our client Shaulene Smith.

Thank you for your courtesies to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,

Cheryl A. Schenk

/cs
Enclosure

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care
PERSONAL CARE THAT GETS YOU RESULTS.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973
Case: Neck & Back/Wellcare
Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT
Nicholas Chuba, PT, DPT
Referred by: Jonathan Riley, MD

09/06/18 ✓
Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

I'm very tired today from getting updated imaging for the neurologist later this month. My pain is not as bad and am going without my brace more often.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Fax Call Report

HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax
7166752885
Mar/14/2019 4:15:32 PM

Job	Date/Time	Type	Identification	Duration	Pages	Result
4219	Mar/14/2019 4:13:18 PM	Send	6502691	2:08	2	Success



OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name Shaulene Smith	Date of Birth 11/15/73	Social Security Number
Patient Address 655 Oliver St. #2 North Tonawanda N.Y. 14120		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: **DR. JONATHAN RILEY - 3080 A SHERIDAN DRIVE AMHERST NY 14226**

8. Name and address of person(s) or category of person to whom this information will be sent: **DAVID W. POLAK, ESQ. 1370 UNION ROAD, WEST SENECGA, NY 14224**

9(a). Specific information to be released:

- ☒ Medical Record from (insert date) **12/5/18** to (insert date) **present**
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

- (b) ☐ By initialing here _____ I authorize _____ Name of individual health care provider
- to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: litigation	11. Date or event on which this authorization will expire: 1 yr. from date of signature
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law: **Smith**

Date: **3/14/19**

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

Pain Rating

Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)
Verbal Pain Rating at Best	5 - Moderate Pain (4 - 6)
Verbal Pain Rating at Worst	10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. **Coughing, sneezing, laughing::** No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:

Objective

	Result	Note
Low Back Pain Scale		
Section 1- Pain Intensity	5. The pain is severe and does not vary much.	
Section 4-Walking	4. I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3. Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4. I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

Result	Note
--------	------

Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity		
	<i>Left</i>	<i>Right</i>
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Introducing further low grade exercises to improve UE and LE weakness to tolerance with back pain. Able to perform entire therapy session without back brace and no significant increase in pain demonstrating improving endurance.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities prn.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain Intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		

8: Sitting	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica l Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation	55 degrees	55 degrees	90 degrees	11/8/18

AROM				
26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
Bilateral Lower Extremity				
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba PT, DPT

Nicholas Chuba, PT, DPT

09/06/18 6:16 pm

Craig Reinstein MSPT

Craig Reinstein MSPT CMTPT FAFS
CLT CCT

09/10/18 7:34 pm

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care

Personal care that gets you results.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973
Case: Neck & Back/Wellcare
Therapist: Kristy Frye PT DPT
Nicholas Chuba, PT, DPT
Referred by: Jonathan Riley, MD

09/04/18 ✓
Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

I was very sore over the weekend from pushing it harder last visit from feeling so good. I was thinking about buying an exercise bike like the one here for home and hoping that's ok.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating

Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)
Verbal Pain Rating at Best	5 - Moderate Pain (4 - 6)
Verbal Pain Rating at Worst	10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills.
Coughing, sneezing, laughing:: No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:.

Objective

	<i>Result</i>	<i>Note</i>
Low Back Pain Scale		
Section 1- Pain Intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

<i>Result</i>	<i>Note</i>
---------------	-------------

Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity	<i>Left</i>	<i>Right</i>
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Introducing further low grade exercises to improve UE and LE weakness to tolerance with back pain. Will assess tolerance to activities without brace next visit.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and

functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities prn.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		
8: Sitting	Able to do	Able to do	Able to do	11/8/18		

	with much difficulty (4)	with much difficulty (4)	without any difficulty (1)	
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica l Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18

26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
<i>Bilateral Lower Extremity</i>				
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba PT, DPT

Nicholas Chuba, PT, DPT
09/05/18 7:53 am

Kristy J. Frye PT, DPT

Kristy Frye PT DPT
09/05/18 9:47 am

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care
PHYSICIAN ASSISTANT & CHIROPRACTIC

Personal care that gets you results.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973
Case: Neck & Back/Wellcare
Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT
Nicholas Chuba, PT, DPT
Referred by: Jonathan Riley, MD

08/30/18 ✓
Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

I feel really good today actually, trying to do more in sitting and standing at home. I've been taking the brace off more at home since they told me to start discontinuing it and starting slow during times when I'm not so active. I'll be calling a neurologist today, they're supposed to be getting me in soon.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating

Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)
Verbal Pain Rating at Best	5 - Moderate Pain (4 - 6)
Verbal Pain Rating at Worst	10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. **Coughing, sneezing, laughing::** No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on::

Objective

	<i>Result</i>	<i>Note</i>
Low Back Pain Scale		
Section 1- Pain intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

	Result	Note
Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity	Left	Right
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Only muscular soreness reported following the treatment session with minor pain compared to previously.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan

Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain Intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		

8: Sitting	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Paipation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation	55 degrees	55 degrees	90 degrees	11/8/18

AROM

26: Wrist 3- /5 3- /5 5 /5 11/8/18
Flexor
Strength

27: Triceps 3- /5 3- /5 5 /5 11/8/18
Strength

Bilateral Lower Extremity

28: L2-3 (hip 3 /5 3 /5 5 /5 11/8/18
Flexors)

29: L4-5 3 /5 3 /5 5 /5 11/8/18
dorsiflexors)

30: L3-4 3 /5 3 /5 5 /5 11/8/18
(Knee
extensors)

Thank you for the opportunity of working with C. Chubba.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chubba PT, DPT

Nicholas Chubba, PT, DPT

08/31/18 7:11 am

Craig Reinstein MSPT

Craig Reinstein MSPT CMTPT FAFS
CLT CCT

08/31/18 7:40 am

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025

Phone: (716) 282-
2888
Fax: (716) 285-1281



Advanced Care

Personal care that gets you results.

Progress Evaluation for Shaulene
Smith 11/15/1973
Case: Neck & Back/Wellcare
Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT
Nicholas Chuba, PT, DPT
Referred by: Jonathan Riley, MD

08/28/18 ✓
Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

Still in a decent amount of pain, I'm trying to do more in sitting and standing which is making me tired. Still trying to get in with a neurologist because of my weakness and numbness into my left side. I've been noticing some spasms in my hands that is new as well.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating

Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)
Verbal Pain Rating at Best	5 - Moderate Pain (4 - 6)
Verbal Pain Rating at Worst	10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. **Coughing, sneezing, laughing::** No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:.

Objective

	<i>Result</i>	<i>Note</i>
Low Back Pain Scale		
Section 1- Pain Intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

<i>Result</i>	<i>Note</i>
---------------	-------------

Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity		
	Left	Right
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

Patient able to perform more standing and seated postural strengthening exercises today with improved tolerance. Spoke to patient about benefits of aquatic therapy and patient would like to try therapy here first before going that route.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise

and manual therapy techniques. Utilize modalities pm.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain Intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		
8: Sitting	Able to do with much	Able to do with much	Able to do without any	11/8/18		

	difficulty (4)	difficulty (4)	difficulty (1)	
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist	3- /5	3- /5	5 /5	11/8/18

**Flexor
Strength**

27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
---------------------------------	-------	-------	------	---------

Bilateral Lower Extremity

28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
-----------------------------------	------	------	------	---------

29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
--	------	------	------	---------

30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18
--	------	------	------	---------

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,



Nicholas Chuba, PT, DPT

08/28/18 3:01 pm



Craig Reinstein MSPT CMTPT FAFS
CLT CCT

08/29/18 9:09 am

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care
Personal care that gets you results.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973

Case: Neck & Back/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT

Kimberly Attwood DPT

Referred by: Jonathan Riley, MD

08/23/18 ✓

Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

In terrible pain today, and my hands feel extremely weak for some reason.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient,
reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms,
they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice
in February and landing on her back/tailbone, she does not remember if she hit her head. Pain
started initially but not to the extent it is currently. After going to the hospital imaging found
compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative
conservative care by surgeon and chiropractor. In June she began to note intermittent
numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt.
will be obtaining results of imaging for therapist and is being scheduled to see a neurologist
due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating
Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past
Treatments:** None.

Pain Rating

Verbal Pain Rating at Present

6 - Moderate Pain
(4 - 6)

Verbal Pain Rating at Best

5 - Moderate Pain
(4 - 6)**Lower Quarter Medical Screen**

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills.
Coughing, sneezing, laughing:: No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:.

Objective**Gait**

Abnormality: Slow Speed. Poor Balance.

	Result	Note
Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity	Left	Right
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

The patient was extremely intolerant of postural exercises today, and transfers caused her to be tearful. It was discussed with her about the possibility of aquatic therapy for future appointments due to her intolerance of land therapy.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain		0 - No Pain	11/8/18		
3: Section 1- Pain Intensity	5. The pain is severe and does not vary much.		0. The pain comes and goes and is very mild.	11/8/18		

4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18
7: Total Score	38 /50	0 /50	11/8/18
8: Sitting	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
9: Squatting	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance. Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate 0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive Negative	11/8/18

19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
<i>Bilateral Lower Extremity</i>				
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,



Kimberly Attwood DPT

08/23/18 3:54 pm



Craig Reinstein MSPT CMTPT FAFS
CLT CCT
08/24/18 11:38 am

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Personal care that gets you results.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973

Case: Neck & Back/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT

Nicholas Chuba, PT, DPT

Referred by: Jonathan Riley, MD

08/21/18 ✓

Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

My back was sore for a few days after the therapy session, but, it is better now. I've had no headaches since my evaluation on Thursday and the exercises are getting easier and not causing as much discomfort. I'm still trying to get in with a neurologist that takes my insurance.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating**Verbal Pain Rating at Present**6 - Moderate Pain
(4 - 6)**Verbal Pain Rating at Best**5 - Moderate Pain
(4 - 6)**Verbal Pain Rating at Worst**10 - Worst
Imaginable Pain**Lower Quarter Medical Screen****Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction::** Pt. denies symptoms.**General Health Screen****General Health Screen:** Pt. denies recent infection, unexplained weight loss or fever/chills. **Coughing, sneezing, laughing::** No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:.**Objective**

	<i>Result</i>	<i>Note</i>
Low Back Pain Scale		
Section 1- Pain Intensity	5. The pain is severe and does not vary much.	
Section 4-Walking	4. I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3. Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4. I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait**Abnormality:** Slow Speed. Poor Balance.*Result**Note*

Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	.painful
Lumbar Active ROM		
Lumbar Flexion	10% °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity		
	<i>Left</i>	<i>Right</i>
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

No reports of nausea during therapy session. Patient required additional rest breaks to tolerate new activities and exercises, however, tolerated further sitting and standing exercises during today's session. Talked with patient about diligently seeking to talk to neurologist.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise

and manual therapy techniques. Utilize modalities prn.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain Intensity	5. The pain is severe and does not vary much.	5. The pain is severe and does not vary much.	0. The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4. I cannot walk more than 1/4 mile without increasing pain.	4. I cannot walk more than 1/4 mile without increasing pain.	0. I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3. Pain prevents me from sitting more than 1/2 hour.	3. Pain prevents me from sitting more than 1/2 hour.	0. I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4. I cannot stand for longer than 10 minutes without increasing pain.	4. I cannot stand for longer than 10 minutes without increasing pain.	0. I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		
8: Sitting	Able to do with much	Able to do with much	Able to do without any	11/8/18		

	difficulty (4)	difficulty (4)	difficulty (1)	
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed, Poor Balance.	Slow Speed, Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologicall Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10% °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist	3- /5	3- /5	5 /5	11/8/18

Flexor Strength				
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
Bilateral Lower Extremity				
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba PT, DPT

Nicholas Chuba, PT, DPT

08/21/18 2:01 pm

Craig Reinstein MSPT

Craig Reinstein MSPT CMTPT FAFS
CLT CCT

08/22/18 12:43 pm

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care

PHYSICAL THERAPY, AQUATIC THERAPY CENTER

Personal care that gets you results.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973
Case: Neck & Back/Wellcare
Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT
Nicholas Chuba, PT, DPT
Referred by: Jonathan Riley, MD

08/16/18 ✓

Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective**Precautions**

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating

Verbal Pain Rating at Present

6 - Moderate Pain

Verbal Pain Rating at Best

(4 - 6)

5 - Moderate Pain

Verbal Pain Rating at Worst

(4 - 6)

10 - Worst

Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on:

Objective**Functional Goal**

Functional Goal: Patient will achieve the following: Pt will be able to stand for 30 minutes without pain to allow for more functional positions to perform ADL's.

	Result	Note
Low Back Pain Scale		
Section 1- Pain intensity	5.The pain is severe and does not vary much.	
Section 2-Personal Care (Washing, dressing, etc)	1.I do not normally change my way of washing or dressing even though it causes some pain.	
Section 3- Lifting	5-I cannot lift or carry anything at all.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Section 7-Sleeping	3.Because of my pain my normal nights sleep is reduced by less than one half.	
Section 8-Social Life	5.I have hardly any social life because of the pain.	
Section 9-Traveling	5.Pain restricts me from all forms of travel.	
Section 10-Changing Degree of Pain	3.My pain neither getting better or worse.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		

Lying Flat	Able to do with little difficulty (2)
Rolling over	Able to do with little difficulty (2)
Sitting	Able to do with much difficulty (4)
Squatting	Able to do with moderate difficulty (3)
Bending/stooping	Able to do with much difficulty (4)
Balancing	Able to do with moderate difficulty (3)
Kneeling	Able to do with moderate difficulty (3)
Standing	Able to do with much difficulty (4)
Walking- short distances	Able to do with much difficulty (4)
Walking- long distances	Unable to do (5)
Climbing stairs	Able to do with little difficulty (2)
Hoppling	Able to do with little difficulty (2)
Jumping	Able to do with little difficulty (2)
Running	Unable to do (5)
Pushing	Able to do with little difficulty (2)
Pulling	Able to do with moderate difficulty (3)
Reaching	Able to do with much difficulty (4)
Grasping	Able to do with little difficulty (2)
Lifting	Unable to do (5)
Carrying	Unable to do (5)
Total Score	66 /110
Myotomes (C4-T1) All are 5/5 except:	
C4 (Shoulder shrug)	Significant weakness compared to relative side
C5 (Deltoid)	Significant weakness compared to relative side
C6 (Biceps, ECRL, ECRB)	Significant weakness compared to relative side
C7 (Tricep, FCR)	Significant weakness compared to relative side
C8 (APB)	Significant weakness compared to relative side

T1 (1st Dorsal Interosseal)	Significant weakness compared to relative side	
Cervical Screen (Myotomes)		
C1-3 (Cervical Rotation)	Significant difference	
Sensory Screen: Nerve Root		
C5- Mid-deltoid	Abnormal	50% Left
C6- Radial aspect 2nd metacarpal	Abnormal	25% Left
C7- Dorsal aspect middle finger	Normal	
C8- Ulnar aspect 5th metacarpal	Abnormal	95% Left
T1- Medial forearm	Abnormal	50% Left
DTR		
Biceps brachii C5	Normal	
Brachioradialis C6	Normal	
Tricep C7	Normal	
C-T Special Tests		
Cervical Distraction	Positive; Symptoms are reduced	
ULTTA	Positive, symptoms reproduced/ relative difference >10 degrees elbow ext.	
LE Dermatome Testing		
L1-2 (Groin)	Equal bilaterally	
L2-3 (Anteromedial Thigh)	Diminished R	hypersensitive left
L4 (Medial lower leg)	Diminished L	50% left
L5 (Lat. lower leg, dorsum of foot)	Equal bilaterally	
S1 (Post. Lat. thigh/lower leg, lat. foot)	Diminished L	90% left
S2 (plantar surface of foot)	Equal bilaterally	
LE Reflexes		
L. Achilles Tendon Reflex (S1)	Normal (2+)	
L. Patellar Tendon Reflex (L4)	Diminished (1+)	
R. Patellar Tendon Reflex (L4) (Copy)	Normal (2+)	
R. Achilles Tendon Reflex (S1) (Copy)	Normal (2+)	
Posture and Alignment		
Trunk and Pelvis: Excessive lumbar lordosis.		
Gait		
Abnormality: Slow Speed. Poor Balance. Ambulation Aids: None.		
Cervical Active ROM	Result	Note
Cervical Extension AROM	27 degrees	
Cervical Flexion AROM	38 degrees	

Cervical L. Lateral Flexion AROM	55% degrees	
Cervical L. Rotation AROM	75 degrees	
Cervical R. Lateral Flexion AROM	45% degrees	painful
Cervical R. Rotation AROM	55 degrees	painful
Upper Cervical Motion		
Upper Cervical Flexion (Nod)	Limited	
Upper Cervical Rotation	Limited	
Thoracic AROM Percentage		
Thoracic Flexion	30%	
Thoracic Extension	5%	
Lumbar Active ROM		
Lumbar Flexion	10% °	
Lumbar Extension	0 °	
Lumbar Sidebending Right	35% °	
Lumbar Sidebending Left	25% °	
Lumbar Rotation Right	25% °	
Lumbar Rotation Left	75% °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Central Posterior to Anterior (CPA) Glide	Limited due to pain	
Unilateral Posterior-Anterior (UPA) Glide	Limited due to pain	
Flexibility		
L. Scalenes	Normal	
L. Sternocleidomastoid	Normal	
L. Upper Trap	Abnormal	
Pectoralis Minor	Abnormal	
Pectoralis Major	Abnormal	
R. Scalenes	Normal	
R. Sternocleidomastoid	Normal	
R. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Lev. Scap	Abnormal	
Leg Length Discrepancy		
Apparent Leg Length Discrepancy: No apparent difference.		
	<i>Result</i>	<i>Note</i>
Lumbar Segmental Mobility		
Lumbar Segmental Mobility	Hypomobile	
Neural Tension Tests		
L. Median Tension Test	Positive	
R. Median Tension Test	Negative	

L. Radial Nerve Tension Test	Positive
R. Radial Nerve Tension Test	Negative
L. Ulnar Nerve Tension Test	Negative
R. Ulnar Nerve Tension Test	Positive
Palpation Tenderness Scale	
Tenderness	4 = Unable to Palpate
Cervical Strength Testing	
Neck Extension	3 /5
Neck Flexion	3 /5
Neck L. Rotation	4- /5
Neck L. Side Bending	4- /5
Neck R. Rotation	3 /5
Neck R. Side Bending	3 /5
Elbow Muscle Testing	
Biceps Strength	3 /5
Triceps Strength	3- /5
Wrist Muscle Testing	
Wrist Extensor Strength	3 /5
Wrist Flexor Strength	3- /5
Functional Strength Testing	
Squat	Pt. exhibits limited gluteal/core activation during functional squat.
Bilateral Lower Extremity	
LE Myotome Testing (MMT)	Left Right
L2-3 (Hip Flexors)	3 /5 4 /5
L3-4 (Knee extensors)	3 /5 4+ /5
L4-5 (Ankle dorsiflexors)	3 /5 4+ /5
L5 (Great toe extensors)	3 /5 5 /5
S1 (Plantar Flexors)	3 /5 5 /5

Assessment

Unable to fully assess Cervical spine due to inability to palpate from level of pain. Asses further based on patient tolerance. Patient reported alleviation of headache following light manual traction. Repeated cases of nausea during entire evaluation, would like to assess Upper cervical instability to rule out any concerns there.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. Thoracic **Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned

activities.

Plan

Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain intensity	5. The pain is severe and does not vary much.	5. The pain is severe and does not vary much.	0. The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4. I cannot walk more than 1/4 mile without increasing pain.	4. I cannot walk more than 1/4 mile without increasing pain.	0. I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3. Pain prevents me from sitting more than 1/2 hour.	3. Pain prevents me from sitting more than 1/2 hour.	0. I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4. I cannot stand for longer than 10 minutes	4. I cannot stand for longer than 10 minutes	0. I can stand as long as I want without pain.	11/8/18		

	without increasing pain.	without increasing pain.		
7: Total Score	38 /50	38 /50	0 /50	11/8/18
8: Sitting	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10% °	90 °	11/8/18

24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
<i>Bilateral Lower Extremity</i>				
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba PT, DPT

Nicholas Chuba, PT, DPT

08/17/18 10:05 am

Craig Reinstein MSPT

Craig Reinstein MSPT CMTPT FAFS
CLT CCT
08/17/18 3:30 pm

Advanced Care Physical Therapy Appointments for Smith, Shaunele

Time	Status	Type	Case	Staff	Clinic	Signed
8/6/18 1:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advance d Care Wheatlife Id	<input type="checkbox"/>
9/4/18 1:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advance d Care Wheatlife Id	<input checked="" type="checkbox"/>
8/30/18 1:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advance d Care Wheatlife Id	<input checked="" type="checkbox"/>
8/28/18 1:30 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advance d Care Wheatlife Id	<input checked="" type="checkbox"/>
8/23/18 1:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Kimberly Attwood PT	Advance d Care Wheatlife Id	<input checked="" type="checkbox"/>
8/21/18 12:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advance d Care Wheatlife Id	<input checked="" type="checkbox"/>
8/16/18 5:00 pm	Arrived	Initial Eval	Neck & Back/Wellcare	Nicholas Chuba PT	Advance d Care Wheatlife Id	<input checked="" type="checkbox"/>
7						

Chart Notes = 38x. 75 = 28.50

Fax Call Report

HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax
7166752885
Dec/6/2018 11:24:26 AM

Job	Date/Time	Type	Identification	Duration	Pages	Result
3537	Dec/6/2018 11:13:46 AM	Send	6958592	10:34	46	Success

DAVID W. POLAK

Attorney:

David W. Polak, Esq.

Attorney at Law  P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

December 5, 2018

Via Facsimile: (716) 650-2691

UBNS

Attn: Dr. Jonathan Riley

3980-A Sheridan Drive
Amherst, New York 14226

Re: Your Patient:	Shaulene Smith
Date of Birth:	November 15, 1973
Date of Injury:	February 2, 2018


Dear Dr. Riley:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from **August 20, 2018 to present** as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,


Cheryl Schenk

Enclosure

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name Shaulene Smith	Date of Birth 11/15/73	Social Security Number
Patient Address 655 Oliver St. #2 North Tonawanda N.Y. 14120		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: **DR. JONATHAN RILEY - 3480-A SHELDON DR. AMHERST, NEW YORK 14206**

8. Name and address of person(s) or category of person to whom this information will be sent: **DAVID W. POLAK, ESQ. - 1370 UNION ROAD WEST SENECGA NY 14224**

9(a). Specific information to be released:

☒ Medical Record from (insert date) **8/20/18** to (insert date) **present**

☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize _____

Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10 Reason for release of information:

☐ At request of individual

☒ Other: **litigation**

11. Date or event on which this authorization will expire:

1 yr. from date of signature

12 If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law: **Smith**

Date: **12/5/18**

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

Fax Call Report

HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax
7166752885
Dec/5/2018 4:39:16 PM

Job	Date/Time	Type	Identification	Duration	Pages	Result
3533	Dec/5/2018 4:37:03 PM	Send	6502691	2:11	2	Success

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

September 4, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda
Office of the City Attorney
Attn: Luke A. Brown, Esq.
216 Payne Avenue
North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from UBNS on behalf of our client Shaulene Smith.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,


Cheryl A. Schenk

/cs
Enclosure

**Medical Record Request**

Med Rec Nbr: 1003295790

UI Nbr: 1003295790

Financial Nbr: 75617428

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH SUBURBAN

DOB: 11/15/1973

Patient Location: A-MRI Service

Sex: Female

Physician: RILEY, JONATHAN P.M.D

Adm: 08/08/2018

Dsch: 08/09/2018

Consents Documents

LAB KEY: ^=Abnormal, C=Critical, I=Interp Data, m=Corrected, L=Low, H=High, R=Result Comments, O=Order Comments, T=Textual Result |
 Printed: 08/23/2018 16:54 | @=Performed at, S=Susceptible, I = Intermediate, R=Resistant, N/A = Not Applicable | Page 1 of 21

Patient Name: **SMITH, SHAULENE N**

185060156

Master Report Template

Kaleido Health Center for Laboratory Medicine Amherst 1540 Maple Road Amherst, NY 14221 Phone: (716) 568-3700 Fax: (716) 568-3038	Kaleido Health Center for Laboratory Medicine 135 Flint Road Williamsville, NY 14221 Phone: (716) 626-7200 Fax: (716) 633-2361	Kaleido Health John R. Oakes Children's Hospital Laboratory 118 Elliott Street Buffalo, NY 14208 Phone: (716) 323-2040 Fax: (716) 323-1370	Kaleido Health DeGraff Laboratory 445 Tremont Street P O Box 0250 Albion, NY 14420 Phone: (716) 690-2170 Fax: (716) 690-2336	Clinical Laboratories of the Buffalo General Hospital 160 High Street Buffalo, NY 14203 Phone: (716) 859-1987 Fax: (716) 859-3221	Niagara Falls Memorial Medical Center Dept. of Pathology 621 10th Street, PO Box 700 Niagara Falls, NY 14302 Phone: (716) 278-4337 Fax: (716) 273-4676
--	---	---	---	--	---

[This form has been approved by the New York State Department of Health]

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996
(HIPAA), I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

I understand that I may revoke this authorization at any time by writing to the health care provider listed below. I understand that I may

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, services, and benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be re-disclosed. redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT REQUIRE THE HEALTH CARE PROVIDER OR ENTITY TO RELEASE THIS INFORMATION TO ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 5 (a).
CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 5 (a).
I authorize the following health provider or entity to release this information: OBNS DR. JONATHAN KILB

7. Name and address of health professional or other person to whom this information will be sent:
3980-1A SATELITAN DRIVE - AMHERST NY 14206

8. Name and address of person(s) to be released: DAVID W. POLAK, ESQ - 1370 UNION RD - WEST STEUBEN NY 14558

9(a). Specific information to be released: 4/26/18 to (insert date) present
☒ Medical Record from (insert date) _____
☐ Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, _____

referrals, consults, billing records, insurance records, and records sent to you by other health care providers. Include: (Indicate by Initialing)

☐ Other: _____ Alcohol/Drug Treatment
_____ Mental Health Information

<p>Authorization to Discuss Health Information</p>	<p>HIV-Related Information</p>
--	--------------------------------

(b) ☐ By initialing here _____ I authorize _____ Name of individual health care provider
Initials _____ governmental agency, listed here: _____

to discuss my health information with my attorney, or a governmental agency, listed below:

(Attorney Name or Governmental Agency Name)

10. Reason for release of information:	11. Date or event on which this authorization will expire:
	for date of signature

<input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: <u>litigation</u>	<u>13. Authority to sign on behalf of patient:</u> <u>14. From date of signature:</u>
---	--

12. If not the patient, name of person signing form: _____

All items on this form have been completed and my questions resolved. I am returning a copy of the form.

Date: 11/16/18

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify a person's name, address, telephone number, date of birth, date of diagnosis, and information regarding a person's contacts.

OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS

BTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

DAVID W. POLAK

Attorney:

David W. Polak, Esq.

Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224

Phone (716) **675-ATTY (2889)**

Fax (716) 675-2885 *

www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

July 16, 2018

Via Facsimile: (716) 650-2691

UBNS

Attn: Dr. Jonathan Riley

3980-A Sheridan Drive

Amherst, New York 14226

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

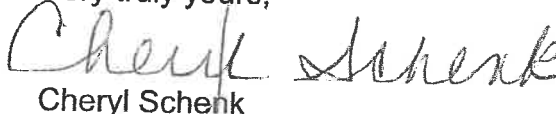
Dear Dr. Riley:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from **April 26, 2018 to present** as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,


Cheryl Schenk

Enclosure

Fax Call Report

HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax
7166752885
Jul/24/2018 9:37:38 AM

Job	Date/Time	Type	Identification	Duration	Pages	Result
2441	Jul/24/2018 9:35:00 AM	Send	6958592	2:36	11	Success



April 26, 2018

NAME: Shaulene N Smith
DOB: 11/15/1973

ID: 418036

Please excuse Shaulene N Smith from work 04/26/2018 to 07/12/2018 due to illness/injury. She is scheduled to be re-evaluated on July 12, 2018 and further disability determination will be made at that time.

Sincerely,

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak.....(716) 218-1000, ext 6116

For billing questions..... (716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include X-rays, CTs or MRIs. Thank you.

****Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can result in your appointment being cancelled or rescheduled to the next available appointment.****

Neurosurgery

Elad I. Levy, MD, MBA, FACS, FAHA

Gregory J. Cordt, MD, FACS

Jason M. Davies, MD, PhD

John G. Faberbach IV, MD

Kevin J. Gibbons, MD, FACS, FAANS

Yves L. Li, MD

Douglas B. Moutland, MD, FACS

Hubert J. Plunkett, MD

John Pollina, MD, FACS

Renee Reynolds, MD, FAANS

Jonathan Riley, MD

Adnan H. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Szydlowski, MD, PhD, FAANS

Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM

Andrea C. Wong, MD, DABM, DABPM, MPM

Chiropractors

Jonathan P. Beck, DC

Sunjay Kapoor, DC

3980-A Sheridan Drive

Amherst, NY 14226

716/218-1000

EMR Fax: 716/650-3691

Buffalo General Medical Center

100 High Street - Section B4

Buffalo, NY 14203

716/218-1000

EMR Fax: 716/659-7480 & 7481

3955 Big Tree Road - Suite 103

Orchard Park, NY 14127

716/218-1000

EMR Fax: 716/677-4038

Orchel Children's Outpatient Center

Conventus Building

1001 Main Street - 3rd Floor

Buffalo, NY 14203

716/218-1940

EMR Fax: 716/342-2535

The Park Center

180 Park Club Lane

Williamsville, NY 14221

716/839-4402

EMR Fax: 716/839-3570

6930 Withers Road - Suite 3000

(Dr. Michael Stoffman)

Niagara Falls, NY 14304

716/218-1808

EMR Fax: 716/205-8986

Interventional Pain Management

(Dr. Jafar Siddiqui, Dr. Andrea Wong)

180 Park Club Lane

Suite 250

Williamsville, NY 14221

716/218-1000

EMR Fax: 716/680-7677



April 26, 2018

Patient Name: Shaulene N Smith
Date of Birth: 11/15/1973
Date of Exam: 04/26/18
Physician: Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 with the development of focal back pain. The patient recently when seen on 03/15/2018 was put in a TLSO given the presence of ongoing pain after a prior compression fracture at this point. The patient is seen on 04/26/2018 approximately two weeks after having been fitted with the TLSO. She returns to clinic at this time with new imaging.

Her symptomatology is essentially the same. She has improvement while wearing the brace but has discomfort when removing.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities.

Review of Studies: Patient has thoracic AP and lateral films which show no discernible change, certainly no worsening compression.

Medical Decision Making: The patient is a 44-year-old female status post a minimal T12 compression fracture and now with a TLSO brace. We recommend that the patient maintain a three-month period of brace utilization. We will have her follow up in clinic in approximately 2 1/2 months with a repeat CT scan. That will be a total of three months of wearing the brace. At that point in time, we will consider removing the brace and beginning the patient in physical therapy.

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,

Neurosurgery

Elad I. Levy, MD, MBA, FACS, FAHA
Gregory J. Coniglio, MD, FACS
Jason M. Davies, MD, PhD
John G. Fahrbach IV, MD
Kevin J. Gibbons, MD, FACS, FAANS

Yves L. Li, MD
Douglas B. Moreland, MD, FACS

Robert J. Plunkett, MD
John Pollina, MD, FACS

Renee Reynolds, MD, FAANS
Jonathan Riley, MD

Adrian H. Siddiqui, MD, PhD, FACS, FAHA
Kenneth V. Snyder, MD, PhD, FAANS

Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM
Andrea C. Wong, MD, DABA, DABPM, MPH

Chiropractors

Jonathan P. Beck, DC
Sundey Kapoor, DC

3980 A Sheridan Drive
Amherst, NY 14226
716/218-1800

EMR Fax: 716/650-2691

Buffalo General Medical Center
100 High Street - Section B4
Buffalo, NY 14203
716/218-1800

EMR Fax: 716/659-7480 & 7481

5555 Big Tree Road - Suite 103
Orchard Park, NY 14127
716/218-1800

EMR Fax: 716/677-4038

Orchel Children's Outpatient Center
Conventus Building
1091 Main Street - 2nd Floor
Buffalo, NY 14203

716/218-1840

EMR Fax: 716/642-2535

The Park Center

180 Park Club Lane
Williamsville, NY 14221
716/638-0402

EMR Fax: 716/639-3570

6930 Williams Road - Suite 300A
(Dr. Michael Stoffman)
Niagara Falls, NY 14304
716/218-1800

EMR Fax: 716/265-8386

Interventional Pain Management
(Dr. Jafar Siddiqui, Dr. Andrea Wong)
180 Park Club Lane
Suite 250

Williamsville, NY 14221
716/218-1800

EMR Fax: 716/650-7677

Shaulene N Smith DD 04/26/2018

Page #2

A handwritten signature in black ink, appearing to read "Jonathan Riley". The signature is written in a cursive, flowing style.

Electronically signed by Jonathan Riley, MD
Jonathan Riley, MD
JR/jmb
cc Lynne Ross MD

KALEIDA HEALTH

DeGraff Memorial Hospital
445 Tremont Street

N. Tonawanda NY 14120
(716)-694-4500
Spine lumbosacral- 2 or 3 views

Spine lumbosacral- 2 or 3 views

Exam Date/Time: 06/18/2018 10:09
Accession Number: DX-18-0106014
Reason For Exam: wedge comp fx

Name: SHAULENE N SMITH
MR#: 1003295790
DOB: 11/15/1973 Age: 44
Location: KH DMH
Admission Date: 06/18/2018 09:40
Ordering Provider: Jonathan P. Riley
Patient Type: Clinical

CLINICAL INDICATION: The patient is a 44-year-old female with history of a T12 compression fracture after a fall in February of this year. Patient complains of numbness involving the left toes.

TECHNIQUE: AP and lateral views of the lumbar spine are obtained.

COMPARISON: None.

FINDINGS: Exam demonstrates T12-S1. Osteoarthritis and disc disease is seen throughout the lumbar spine. Subtle loss of vertebral body height at T12 is unchanged from the prior exam. Paraspinal soft tissues are unremarkable.

IMPRESSION: Osteoarthritis and disc disease. Stable T12 compression fracture as described above.

READ BY.....: STOKOE, GAIL E. MD

Dictated 06/18/2018 10:47 am

Transcribed By.....: 06/18/2018 10:47 am GES

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

SIGNED 06/18/2018 10:48 am

ELECTRONICALLY BY.: STOKOE, GAIL E. MD

A Kaleida Health dictation system was used to prepare this imaging report.

Although each report is personally scanned for syntactic or grammatical errors,
unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

.

.

KALEIDA HEALTH

DeGraff Memorial Hospital
445 Tremont Street

N. Tonawanda NY 14120
(716)-894-4500
Spine thoracic- 2 views

Name: SHAULENE N SMITH
MR#: 1003295790
DOB: 11/15/1973 Age: 44
Location: KH DMH
Admission Date: 06/18/2018 09:40
Ordering Provider: Jonathan P. Riley
Patient Type: Clnl

Spine thoracic- 2 views

Exam Date/Time: 06/18/2018 10:09
Accession Number: DX-18-0106013
Reason For Exam: wedge comp fx

CLINICAL INDICATIONS: The patient is a 44-year-old female with numbness in the fingers.

TECHNIQUE: AP, lateral views of the thoracic spine are obtained.

COMPARISON: 03/15/2018.

FINDINGS: Exam demonstrates T1-T12. There is subtle loss of vertebral body height at T12 unchanged comparison the prior exam consistent with a subtle compression fracture. Osteoarthritis and disc disease is seen throughout the remaining thoracic spine. Pedicles are well-visualized. Paraspinal soft tissues are unremarkable.

IMPRESSION: Mild osteoarthritis and disc disease. Stable subtle T12 compression fracture seen. No acute bony abnormality is identified.

READ BY.....: STOKOE, GAIL E. MD

DICTATED: 06/18/2018 10:48 am

TRANSCRIBED BY.....: 06/18/2018 10:48 am GES

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

SIGNED 06/18/2018 10:49 am

ELECTRONICALLY BY...: STOKOE, GAIL E. MD

A Kaleida Health dictation system was used to prepare this imaging report.

Although each report is personally scanned for syntactic or grammatical errors,
unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.



UNIVERSITY AT BUFFALO
NEUROSURGERY
UBNS.COM

July 12, 2018

NAME: Shaulene N Smith
DOB: 11/15/1973

ID: 418036

Please excuse Shaulene N Smith from work 07/12/2018 to 08/17/2018 due to illness/injury. She is scheduled to be re-evaluated and further disability determination will be made at that time.

Sincerely,

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak.....(716) 218-1000, ext 6116

For billing questions..... (716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include X-rays, CTs or MRIs. Thank you.

****Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can result in your appointment being cancelled or rescheduled to the next available appointment.****

Neurosurgery

Eliot L. Levy, MD, MBA, FACS, FAHA

Gregory J. Castybar, MD, FACS

Jason M. Davies, MD, PhD

John G. Fahrback IV, MD

Kevin J. Gibbons, MD, FACS, FAANS

Yves Lal, MD

Douglas B. Moreland, MD, FACS

Robert J. Plunkett, MD

John Polina, MD, FACS

Renske Reynolds, MD, FAANS

Jonathan Riley, MD

Adnan R. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Snyder, MD, PhD, FAANS

Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jaffer W. Siddiqui, MD, FAANIR, DABPM

Andrew C. Wong, MD, DAB, DABPM, MPH

Chiropractors

Jonathan P. Beck, DC

Sunjay Kapoor, DC

3900-A Sheridan Drive

Amherst, NY 14226

716/218-1000

EMR Fax: 716/650-2691

Buffalo General Medical Center

100 High Street - Section B4

Buffalo, NY 14203

716/218-1000

EMR Fax: 716/659-7400 & 7481

5959 Big Tree Road - Suite 103

Orchard Park, NY 14127

716/218-1000

EMR Fax: 716/677-4030

Orchel Children's Outpatient Center

Corcoran Building

1001 Main Street - 3rd Floor

Buffalo, NY 14203

716/218-1000

EMR Fax: 716/342-2535

The Park Center

100 Park Club Lane

Williamsville, NY 14221

716/638-4402

EMR Fax: 716/639-3570

6930 Williams Road - Suite 3000

(Dr. Michael Stoffman)

Niagara Falls, NY 14304

716/218-1000

EMR Fax: 716/205-8386

Interventional Pain Management

(Dr. Jaffer Siddiqui, Dr. Andrew Wong)

180 Park Club Lane

Suite 250

Williamsville, NY 14221

716/218-1000

EMR Fax: 716/380-7677



July 12, 2018

Patient Name: Shaulene N Smith
Date of Birth: 11/15/1973
Date of Exam: 07/12/18
Resident Physician: Michael Kogan, MD
Attending Physician: Jonathan Riley, MD

History: This is a 44-year-old female who obtained a compression fracture due to a fall on ice with no loss of consciousness in February of 2018. Subsequently, she has had severe back pain that has largely been unchanged in the brace. She presents today with followup thoracolumbar x-rays as was the plan on her last visit two months ago.

At this point, she says that her back pain is persistent and really has not improved at all even with the brace. She does admit to a mechanical component, although she states that the pain is pretty much present throughout. She does have pain when she sleeps. She completely denies any radicular-like pain or neck pain at this point; however, she does admit to impressive symptoms worsening over the last 1 1/2 months in her left upper and left lower extremity. She states that she has had some weakness in her hand and has numbness in all of her fingers as well as her large toe in the left lower extremity. She denies any acute changes but does state that this bothers to a very large extent. She denies any particular dermatomal sensory losses or radicular symptoms. She has no previous history of any kind of neurological deficits prior to this.

Physical Examination: The patient is alert, awake, and appropriate. Face is symmetric. Voice is clear. She is full strength on the right. On the left upper extremity, she is 4+/5 proximally and 4/5 distally. She has a Hoffmann's sign in the right upper extremity, minimal reflexes in the left upper extremity. She has diminished pinprick on the lateral side of her hand as well as a loss of light touch sensation there. Proprioception is intact. She has difficulty with rapid hand movements in the right upper extremity as well. The left lower extremity is 4+/5 throughout. She has hyperreflexia in her left patella compared to her right and diminished pinprick medially in her foot. She does have pain to palpation in her mid back that seems to correlate with her imaging.

Review of Studies: X-rays from 06/18/2018 were reviewed and compared to previous thoracolumbar x-rays. There is no progressive loss of height in her T12 vertebral body.

Medical Decision Making: The patient has a stable T12 compression fracture and has persistent pain. There is no progressive deformity in her thoracic spine. The

Neurosurgery

Eliot I. Levy, MD, MBA, FACS, FAHA

Gregory J. Cunniff, MD, FACS

Jason M. Davies, MD, PhD

John G. Fahrbach IV, MD

Kevin J. Gibbons, MD, FACS, FAANS

Vesal LI, MD

Douglas B. Moteland, MD, FACS

Robert J. Plunkett, MD

John Polina, MD, FACS

Renee Reynolds, MD, FAANS

Jonathan Riley, MD

Adrian R. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Snyder, MD, PhD, FAANS

Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM

Andrea C. Wong, MD, DABA, DABPM, MPH

Chiropractic

Jonathan P. Beck, DC

Sunjay Kapoor, DC

3900-A Sheridan Drive

Amherst, NY 14226

716/218-1800

EMR Fax: 716/650-3691

Buffalo General Medical Center

100 High Street - Section B4

Buffalo, NY 14203

716/218-1800

EMR Fax: 716/659-7400 & 7481

5959 Big Tree Road - Suite 100

Orchard Park, NY 14127

716/218-1800

EMR Fax: 716/677-4038

Orchard Children's Outpatient Center

Conventus Building

1001 Main Street - 2nd Floor

Buffalo, NY 14203

716/218-1040

EMR Fax: 716/342-2535

The Park Center

100 Park Club Lane

Williamsville, NY 14221

716/639-9402

EMR Fax: 716/639-3570

6830 Williams Road - Suite 3800

(Dr. Michael Stoffman)

Niagara Falls, NY 14304

716/218-1800

EMR Fax: 716/205-8386

Interventional Pain Management

(Dr. Jafar Siddiqui, Dr. Andrea Wong)

100 Park Club Lane

Suite 250

Williamsville, NY 14221

716/218-1800

EMR Fax: 716/380-7677

Shaulene N Smith DD 07/12/2018

Page #2


larger issue for her is her likely myelopathy considering her physical exam findings and complaints. We will discuss bringing her in for an MRI of the cervical spine. We will also

Thank you for allowing us to participate in the care of this patient.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Cervical disc disorder with myelopathy, unspecified cervical region


Electronically signed by Michael Kogan, M.D.-Resident
Michael Kogan, MD

Addendum: I have seen and examined the patient with the resident physician and agree with the above plan. We will plan for cervical MRI in setting of upper extremity numbness and onset of physical exam findings concerning for cervical myelopathy. We will also obtain thoracic imaging to attempt to clear patient of her TLSO


Electronically signed by Jonathan Riley, MD
Jonathan Riley, MD

MK/jmb

ccLynne Ross MD

Patient Name: SMITH, SHAULENE N
Date of Birth: 11/15/1973

* Auth (Verified) *

Kaleida Health

**CONSENT FOR TREATMENT AND
PAYMENT AGREEMENT 1 of 2**

HI Claim Number: _____

AUTHORIZATION FOR CARE & TREATMENT I hereby agree that Kaleida Health may perform care and treatment, and may conduct such examinations, laboratory tests and procedures, administer such local anesthetics, medication and treatment, as may be directed by my physician or treating practitioner. I acknowledge that no guarantees have been made to me as to the effect of such examinations, tests, procedures or treatment of my condition.

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION I consent to the use and disclosure of my Protected Health Information by Kaleida Health for purposes of treatment, payment, and health care operations. For example, my attending physician or treating practitioner at Kaleida Health may furnish Protected Health Information maintained by Kaleida Health in the course of my care and treatment. Also, as Kaleida Health is a teaching hospital, I consent to the use and disclosure of my Protected Health Information (i) for training and educational purposes to faculty physicians, residents, and medical, dental, pharmacy, nursing or other students in health-related professions from local colleges and universities affiliated with Kaleida Health, and (ii) for review in preparation for possible research. Release of medical records and information will be made according to state and federal regulations. I understand that Kaleida Health may release medical information to any third party, including my employer, which may be responsible for payment of my hospital or medical expenses. (Release of medical information to employers is limited to those employers who are directly liable for the costs of the patient's health care benefits through and employer, self-insured group health plan or worker's compensation, or in other circumstances in which such disclosure is legally allowed). I understand that it may be necessary for a hospital treating practitioner to contact another treating provider or pharmacy to obtain complete medical history and/or medication dosage.

CONSENT TO RELEASE INFORMATION TO THE UNIVERSITY OF BUFFALO INSTITUTE FOR HEALTHCARE INFORMATICS (IHI)
I understand that my PHI will be released to a research database supervised by the University of Buffalo Institutional Review Board for use in future research. ☐ Restriction: I do not want my PHI released to IHI.

INSURANCE AUTHORIZATION: I understand that I am responsible for knowing the terms and conditions of my insurance coverage. I further understand that I may be responsible for obtaining prior authorization for certain services in order for my insurance company to pay for those services and I understand that I may be personally responsible for payment if I do not obtain any necessary prior authorization or my insurance benefits are denied, reduced, or terminated. (In accordance with federal law, the hospital will not deny or delay necessary care or treatment in the Emergency Department because of a person's inability to pay for such necessary emergency treatment.)

ASSIGNMENT OF BENEFITS, INSURANCE PROCEEDS, SETTLEMENTS If I am entitled to health care services under any insurance policy from any person or organization which may become liable to me to provide such benefits, I assign such benefits to the hospital and physicians employed by the hospital who render such services to me. I further authorize payment directly to Kaleida Health and such physicians of all such insurance benefits payable to me. Such insurance may include, but is not limited to, private commercial insurance, auto liability insurance, worker's compensation, programs such as Medicare and Medicaid, or other governmental sources. I certify that the information given regarding my insurance is accurate and current to the best of my knowledge. I further assign to Kaleida Health any payments for medical benefits payable to me as a result of any settlement or judgment in a lawsuit.

CERTIFICATION OF MEDICARE BENEFITS TO HOSPITAL AND/OR PHYSICIANS: (Applicable to Medicare beneficiaries only)
I hereby authorize Kaleida Health to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by Kaleida Health, including physician services. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim.

FINANCIAL AGREEMENT In consideration for services rendered by Kaleida Health and physicians employed by Kaleida Health, I guarantee prompt payment of all such services not paid by insurance carriers or third parties within thirty (30) days. I understand that any amounts not covered by my insurance carrier or other third party payor is my personal responsibility, and I agree to make payment for any such amounts. If Kaleida Health does not receive such payment within thirty (30) days from the date such balance is due, the bill may be turned over to an attorney or a collection agency and, if so, I agree to pay all reasonable collection costs including attorney's fees and/or collection fees in addition to the payment owed. I give the hospital the right to examine my consumer credit report for financial information relating to my responsibility to pay for medical services. I understand that, in most cases, my attending physician, emergency department physician, radiologist, anesthesiologist and other consultants and/or surgeons of Kaleida Health are independent practitioners, and not hospital employees. I will receive a separate bill from them for their services.

KH00237 Rev. 06/28/17

CONSENT

* Auth (Verified) *

Kaleida Health

CONSENT FOR TREATMENT AND
PAYMENT AGREEMENT 3 of 2

DOWN TIME
Entered into electronic record
downtime
date time
initials

SMITH SHAULENE N
MR- 1003295790 PT- 75617428
DOB- 11/15/73 AGE- 044Y SEX- F
ATT- REFERRING DOC
PCP- ROSS LYNNE S
FC- RAD G ADM DT- 08/08/18
Patient ID Area MILLARD FILLMORE SUBURBAN

NOTICES AND CUSTOMER COMMUNICATIONS You expressly consent to be contacted by Kaleida Health, its agents, assigns, debt collectors, or anyone calling on its behalf, for purposes relating to medical treatment or billing/payment, at any residential or cellular telephone number, or physical residential or electronic address (which may include a hospital/facility patient room) you provide herein. You agree that Kaleida Health, its agents, assigns, debt collectors, or anyone calling on its behalf may contact you (between the hours of 8:00 a.m. and 9:00 p.m.) at such number(s) and address(es), including by calls delivered by an automatic telephone dialing system and/or prerecorded or voice messages.

RELEASE OF LIABILITY FOR VALUABLES: I understand and agree that money, jewelry, and other valuables should not be brought into the hospital. I understand and agree that Kaleida Health shall not be liable for loss or damage to any personal property.

ADVANCED DIRECTIVES: I acknowledge that I received or had made available to me information on advance directives and a copy of "Your Patient Bill of Rights," prepared by New York State.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE: I acknowledge that I have received the Kaleida Health Notice of Privacy Practices.

PATIENT DIRECTORY I understand that I am automatically included in the hospital's Patient Directory, which allows Kaleida Health to relay my location and general condition if asked for by name and my religious affiliation to clergy without asking by name. If I do not want this information disclosed from the Patient Directory, I will indicate that by checking the box. ☐ Restriction: I do not want to be listed in the Patient Directory. I understand that, by checking this box, if family members, my clergy, neighbors, friends or others inquire about me while I am a patient, my presence here will not be disclosed, and any mail or flowers addressed to me will be returned.

DISCLOSURE TO FAMILY OR FRIENDS INVOLVED IN MY CARE: I understand that I may limit the disclosure of my health information to family members, other relatives or close personal friends by notifying a member of the staff assigned to care for me.

I have read all the above statements and accept the terms and conditions as stated.

Patient/Parent/Agent/Guardian Signature

8/8/18
Date

Time

Witness Signature

8-8-18
Date

Time

Interpreter (if used) Signature

Date

Time

Witness Signature

Date

Time

TELEPHONE ACCEPTANCE OF TERMS & CONDITIONS

Person contacted: Telephone Number:

Relationship to Patient: Date of contact: Time of contact:

Person contacted has stated his/her understanding and acceptance of terms and conditions on behalf of the patient.

Speaker Signature

Date

Time

Witness Signature

Date

Time

PHOTO IDENTIFICATION OBTAINED: ☐ YES ☐ NO

NOTE: If the individual signing is the Health Care Agent or Guardian(s), he/she must provide written documentation to authorize his/her legal authority to consent. A copy of the documentation must be placed in the patient's medical record.



KH00267 Rev. 00/20/17

CONSENT

**Medical Record Request***Med Rec Nbr:* 1003295790*Financial Nbr:* 75617428*Client Med Rec Nbr:* 4437*DOB:* 11/15/1973*Sex:* Female*Adm:* 08/08/2018*Dsch:* 08/09/2018*UI Nbr:* 1003295790*Patient Name:* SMITH, SHAULENE N*Organization:* KH SUBURBAN*Patient Location:* A-MRI Service*Physician:* RILEY, JONATHAN P.M.D**Orders**

* Transcribed *

08/01/18 01:00 PM UB Neurosurgery Fax# (716)-577-4038 Page 3 of 3 #00510 DE

08/01/18

UB NEUROSURGERY, INC
Patient Xray Order Requisition

Page 1

Smith, Shaulene N
655 OLIVER ST.
APT. 2
N TONAWANDA, NY 14120

PATIENT

H-Phone: (716)-310-6649 DOB : 11/15/1973
W-Phone: (716)-
C-Phone: (716)-310-6649 Sex : F
Race : Black / African America Chart: 070518NS
Account: 418036

PRIMARY INSURANCE

Co#: 150 Policy#: FT73655B
WELLCARE - MCD PLAN
PO BOX 31373
TAMPA, FL 33631-3372

Insured Name: SHAULENE N SMITH
DOB : 11/15/1973
Group Number:
Plan Name :
Expired Date: 00/00/00

FACILITY INFORMATION

Name : MILLARD FILLMORE SUBURBAN - RADIOLOGY
1540 MAPLE ROAD
Phone: (716)-568-6400
Fax : (716)-568-3014

WILLIAMSVILLE NY 14221

X-RAY ORDER

Status: Ordered
Doctor: Riley, Jonathan, MD
3980A SHERIDAN DRIVE
AMHERST, NY 14226-1727

Ordered : 07/12/18 1:19 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 246646
Phone : (716)-218-1000
Fax : (716)-650-2691

UPIN : NPI:1346483039
Id : 03-0445678

ORDER NOTES

PLEASE DO NOT LEAVE THE IMAGING FACILITY WITHOUT OBTAINING A DISK TO BRING TO OUR OFFICE. THANK YOU

Authorization Number: A108507658
Case Number: 1101841326
Health Plan Auth Number: 125274846
Status: Approved
Approval Date: 7/25/2018 12:00:00 AM
Service Code: 72141

Service Description: MRI CERVICAL SPINE W/O CONTRAS
Site Name: DEGRAFF MEMORIAL HOSPITAL
Expiration Date: 9/8/2018

CPT Test Name
72141 MRI, Cervical spine, W/O Contrast
Dx: M54.2 Cervicalgia

Priority Acct#
Routine 246446-1493345

SMITH SHAULENE N
MR. 1003295790 PT. 75617428
DOB: 11/15/73 AGE: 044Y SEX: F
PCP: ROSS LYNNE S
FC: RAD G ADM DT. 08/08/18

Ordering Provider's Signature: 

Electronically signed by agent of provider: Jessica Kryszak on 07/12/18 at 1:20 pm

* Transcribed *

08/01/18 01:00 PM UB Neurosurgery Fax# (716)-577-4038 Page 2 of 3 #80510 DE

08/01/18

UB NEUROSURGERY, INC
Patient Xray Order Requisition

Page 1

Smith, Shaulene N
655 OLIVER ST.
APT. 2
N TONAWANDA, NY 14120

PATIENT
M-Phone: (716)-310-6649 DOB :11/15/1973
W-Phone: (716)-
C-Phone: (716)-310-6649 Sex :F
Race :Black / African America Chart:070518NS
Account:418035

Co#: 150 Policy#: PT73655B
WELLCARE - MCD PLAN
PO BOX 31372
TAMPA, FL 33631-3372

PRIMARY INSURANCE
Insured Name: SHAULENE N SMITH
DOB : 11/15/1973
Group Number:
Plan Name :
Expired Date: 00/00/00

Name :MILLARD FILLMORE SUBURBAN - RADIOLOGY
1540 MAPLE ROAD

FACILITY INFORMATION
Phone: (716)-568-6400
Fax : (716)-568-3014

WILLIAMSVILLE NY 14221

Status:Ordered
Doctor:Riley, Jonathan, MD
3960A SHERIDAN DRIVE
AMHERST, NY 14226-1727

X-RAY ORDER
Ordered :07/12/18 1:19 pm
Sched :00/00/00
Acquired:00/00/00
Req# :246445
Phone : (716)-218-1000
Fax : (716)-650-2691

UPIN : NPI:1346483039
Id :03-0445678

ORDER NOTES

PLEASE DO NOT LEAVE THE IMAGING FACILITY WITHOUT OBTAINING A DISK TO BRING TO OUR OFFICE. THANK YOU

Authorization Number: A108507844
Case Number: 1101841514
Health Plan Auth Number: 125274891
Status: Approved
Approval Date: 7/25/2018 12:00:00 AM
Service Code: 72145

Service Description: MRI THORACIC SPINE W/O CONTRAS
Site Name: DEGRAFF MEMORIAL HOSPITAL
Expiration Date: 9/8/2018

CPT	Test Name	Priority	Acc#
72145	MRI, Thoracic Spine w/o Cont	Routine	246445-1493345
Dx: S22.080A Wedge compression fracture of T11-T12 vertebra. init			

SMITH SHAULENE N
MR- 1003295790 PT. 75617428
DOB: 11/15/73 AGE 044Y SEX: F
PCP: ROSS LYNNE S
FC- RAD G ADM DT- 08/08/18

Ordering Provider's Signature:

Electronically signed by agent of provider: Jessica Kryszak on 07/12/18 at 1:19 pm

**Medical Record Request***Med Rec Nbr:* 1003295790*Financial Nbr:* 75617428*Client Med Rec Nbr:* 4437*DOB:* 11/15/1973*Sex:* Female*Adm:* 08/08/2018*UI Nbr:* 1003295790*Patient Name:* SMITH, SHAULENE N*Organization:* KH SUBURBAN*Patient Location:* A-MRI Service*Physician:* RILEY, JONATHAN P.M.D*Dsch:* 08/09/2018**Radiology Records**

* Auth (Verified) *

Kaleida Health

MRI PRE-SCAN PATIENT
QUESTIONNAIRE 1 of 2

☐ Entered into electronic record after downtime
date _____ time _____
initials _____

SMITH SHAULENE N
MR 1003295790 PT 75617428
DOB 11/15/73 AGE 44Y SEX F
ATT REFERRING DOC
PCP ROSS LYNNE
FC RAD G ADM DT 08/08/18
Patient ID Area MILLARD FILLMORE SUBURBAN

	Buffalo General Medical Center 100 High Street Buffalo NY 14203	DeGraff Memorial Hospital 445 Tremont Street North Tonawanda NY 14120	Millard Fillmore Suburban Hospital 1540 Maple Road Williamsville NY 14221	John R. Osher Children's Hospital 818 Ellicott Street Buffalo NY 14203
PHONE	716 859 2834	716 690 2250	716 568 6341	716 323 2220
FAX	716 859 2700	716 690 2324	716 568 6340	716 323 1340
PHONE	716 859 2849	716 690 2249	716 568 6415	716 323 2220
FAX	716 859 1500	716 690 2324	716 568 3015	716 323 1343

PLEASE ANSWER ALL QUESTIONS AND SIGN THIS FORM

Age 44 Weight 150 ☒ lbs ☐ kg Ordering Physician S Riley
Exam Ordered _____

1 Briefly why are you having this test? Compressed T12 fracture

2 Do you have allergies? ☒ No ☐ Yes (please list) _____

3 Are you claustrophobic? ☒ No ☐ Yes

4 Have you had a previous MRI? ☐ No ☒ Yes When 2/2/18
Where DeGraff Memorial Hospital

5 Do you have a history of renal disease seizures or radiation treatment? ☒ No ☐ Yes (please list) _____

6 Do you have anemia sickle cell disease or trait and/or blood disorder? ☐ No ☒ Yes (please list)
Anemia

7 Have you ever worked with metal or had an injury to the eyes involving metal (e.g. metallic shavings shavings etc)?
☒ No ☐ Yes explain _____

8 Do you have shrapnel or bullet(s) in your body? ☒ No ☐ Yes

9 Have you had a recent capsule endoscopy? ☒ No ☐ Yes

10 HAVE YOU EVER HAD SURGERY ON (SELECT IF YES)

DATE	TYPE	DATE	TYPE
<input type="checkbox"/> Head	_____	<input type="checkbox"/> Abdomen	<u>5/29/17 Hysterectomy</u>
<input type="checkbox"/> Neck	_____	<input type="checkbox"/> Back	_____
<input type="checkbox"/> Eyes	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Heart	_____		

11 Have you ever had Cancer? ☒ No
☐ Yes - When _____ What part of the body _____
Treatment _____

12 a Are you pregnant? ☒ No ☐ Yes
b Are you breastfeeding? ☒ No ☐ Yes
c Date of your last menstrual cycle _____ ☒ N/A
d Do you have a diaphragm/intrauterine device (IUD)/pessary? ☒ No ☐ Yes
e Do you have breast implants or tissue expander? ☒ No ☐ Yes

Continue on back



KH01013 Rev 11/10/17

RADIOLOGY

* Auth (Verified) *

Kalerda Health

MRI PRE-SCAN PATIENT
QUESTIONNAIRE 2 of 2

DOVANTHE
☐ Entered into electronic record after downtime
date _____ time _____
initials _____



SMITH, SHAULENE N
MR 1003295790 PT 75617428
DOB 11/15/73 AGE 44Y SEX F
ATT REFERRING DOC
PCP ROSS LYNNE
FC RAD G ADM DT 08/08/18
MILLARD FILLMORE SUBURBAN

Patient ID Area

13 DO YOU HAVE ANY OF THE FOLLOWING?

Directions Each box must be checked **DO NOT** draw a line through all

NO YES

- ☒ ☐ Cardiac pacemaker
- ☒ ☐ Implantable Cardioverter Defibrillator (AICD)
- ☒ ☐ Aneurysm clips
- ☒ ☐ Pacing wires
- ☒ ☐ Any type of ear implant (cochlear, stapes, ear drum, etc)
- ☒ ☐ Any implant held in place with a magnet
- ☒ ☐ Artificial heart valve
- ☒ ☐ Any type of bio stimulator/Transcutaneous Electrical Nerve Stimulation (TENS) Unit
- ☒ ☐ Bone growth/fusion stimulator
- ☒ ☐ Neurostimulator
- ☒ ☐ Intravascular coil, filter stent Date implanted _____
- ☒ ☐ Insulin or drug infusion pump
- ☒ ☐ Vascular access port/catheter
- ☒ ☐ Swan Ganz catheter
- ☒ ☐ Tissue expanders
- ☒ ☐ Shunt
- ☒ ☐ Carotid artery vascular clamp
- ☒ ☐ Surgical clips or staples
- ☒ ☐ Halo vest/metallic cervical fixation device
- ☒ ☐ Any type of electrodes
- ☒ ☐ Artificial limbs
- ☒ ☐ Artificial joint replacements (hip knee, shoulder, etc)
- ☒ ☐ Orthopaedic implants (screws rods pins plates) Where in body _____
- ☒ ☐ Any spine implants (Harrington rods)
- ☒ ☐ Penile prosthesis
- ☒ ☐ Orbital eye prosthesis
- ☒ ☐ Hearing aid
- ☒ ☐ Dentures or partial plates (especially those held in place with magnets)
- ☒ ☐ Any type of trans dermal patches (nicotine, nitro, duragesic, estrogen, etc)
- ☒ ☐ Adipose wound dressings
- ☒ ☐ Body piercings (other than ears)
- ☐ ☒ Tattoos (or tattooed eyeliner)

14 CAN PATIENT LIE FLAT? ☐ No ☒ Yes

NOTE

If you have information cards on any implanted devices please make them available to the technologist
Please remove all jewelry dentures partials from your body Empty your pockets of all items and wear clothing
without snaps buttons or zippers A gown and/or scrub pants will be provided to you
A technologist will perform a reasonable visual assessment of the patient to evaluate for possible hidden objects

Date 8/5/18 Time 9:02 Signature [Signature] Print Name SHAULENE SMITH
Relationship to Patient (if not completed by patient) _____
Date _____ Time _____ Nurse/Secretary Signature _____ Print Name _____
Date _____ Time _____ Technologist Signature [Signature] Print Name _____
Date _____ Time _____ Technologist Signature [Signature] Print Name _____



KH01013 Rev 11/10/17

RADIOLOGY

* Auth (Verified) *

ACCESSION #: MR-18-0016547
SMITH, SHAULENE N
MR #: 1003295790
REQ FOR DATE: 08/08/2018
Millard Fillmore Suburban Hospital
1540 Maple Road, Williamsville, New York 14221-2099

KALEIDA
H E A L T H

MILLARD FILLMORE SUBURBAN HOSPITAL
1540 Maple Road, Williamsville, New York 14221-2099

RADIOLOGY REQUISITION

PATIENT NAME SMITH, SHAULENE N		MEDICAL REC # 1003295790	PATIENT LOCATION A-MRI Service	SEX F	AGE 44 Y	DOB 11/15/1973	PRIORITY Routine
Order For 08/08/2018	Time 09:45 am	PT TYPE Clinic	TRANS. MODE Ambulatory	O2	IV	ISO	
ORDERING PHYSICIAN RILEY, JONATHAN P. MD		PHONE NUMBER (716) 218-1000	CONSULTING PHYSICIAN		PHONE NUMBER		
EXAM REQUESTED 1 MRI Cervical spine w/o contrast		PACS ID # 7142032	CLINICAL INDICATION compression fx			ICD CODES Wedge comp	

COMMENTS / SPECIAL INSTRUCTIONS:

TECHNOLOGIST'S COMMENT:

LAST 5 EXAMS:

- 1.) Spine lumbosacral - 2 or 3 v...
- 2.) Spine thoracic - 2 views
- 3.) Spine thoracic - 2 views
- 4.) CT Abd+Pel w IV contrast
- 5.) US Transvaginal

06/18/2018
06/18/2018
03/15/2018
02/03/2018
01/16/2018

PAT. UID #: 1003295790

ISOLATION CODES:

LMP

NO POTENTIAL FOR PREGNANCY EXISTS

TECH INIT.

X

ALLERGIES

1 No Known Medication Allergies

DIABETES

No

LAB RESULTS

HCT/HBG

PLT

PT/PTT/INR

BUN

CRT

HCG

C.64

MEDICAL RECORD NUMBER
1003295790

ACCESSION NO
MR-18-0016547



TECHNOLOGIST NAME RILEY, JONATHAN P.	8 x 10	10 x 12	11 x 14	14 x 17	14 x 36	7 x 17	OTHER	TOTAL FILMS
INJECTION TIME	CONTRAST / RADIOPHARM		NO. OF CC / mCi-uCi		INJECTED / CATHED BY			

PRELIMINARY RADIOLOGICAL INTERPRETATIONS:

Financial Number
75617428

Digital Dictation.



Entered by: ESTRADA, RAQUEL

ORIGINAL

* Auth (Verified) *

ACCESSION #: MR-18-0016546
SMITH, SHAULENE N
MR #: 1003295790
REQ FOR DATE: 08/08/2018
Millard Fillmore Suburban Hospital
1540 Maple Road, Williamsville, New York 14221-2099

KALEIDA
H E A L T H

MILLARD FILLMORE SUBURBAN HOSPITAL
1540 Maple Road, Williamsville, New York 14221-2099

RADIOLOGY REQUISITION

PATIENT NAME SMITH, SHAULENE N		MEDICAL REC # 1003295790	PATIENT LOCATION A-MRI Service	SEX F	AGE 44 Y	DOB. 11/15/1973	PRIORITY Routine
Order For 08/08/2018	Time 09:00 am	PT TYPE Clinic	TRANS. MODE Ambulatory	Q2	IV	ISO	
ORDERING PHYSICIAN RILEY, JONATHAN P. MD		PHONE NUMBER (716) 218-1000	CONSULTING PHYSICIAN			PHONE NUMBER	
EXAM REQUESTED 1 MRI Thoracic imaging w/o contrast		PACS ID # 7442028	CLINICAL INDICATION compression fx			ICD CODES Wedge comp	

COMMENTS / SPECIAL INSTRUCTIONS:

TECHNOLOGIST'S COMMENT:

LAST 5 EXAMS:

- 1.) Spine lumbosacral- 2 or 3 v...
- 2.) Spine thoracic- 2 views
- 3.) Spine thoracic- 2 views
- 4.) CT Abd+Pel w IV contrast
- 5.) US Transvaginal

06/18/2018
06/18/2018
03/15/2018
02/03/2018
01/16/2018

PAT. UID #: 1003295790

ISOLATION CODES:

LMP	NO POTENTIAL FOR PREGNANCY EXISTS	TECH INIT.
	X	

ALLERGIES

1 No Known Medication Allergies

DIABETES
No

LAB RESULTS

HCT/HGB	PLT	PT/PTT/INR	BUN	CRT	HCG
				0.64	

MEDICAL RECORD NUMBER
1003295790

ACCESSION NO.
MR-18-0016546



TECHNOLOGIST NAME <i>R. Estrada</i>	8 x 10	10 x 12	11 x 14	14 x 17	14 x 36	7 x 17	OTHER	TOTAL FILMS
INJECTION TIME	CONTRAST / RADIOPHARM		NO. OF CC / mCi-uCi		INJECTED / CATHETER BY			

PRELIMINARY RADIOLOGICAL INTERPRETATIONS:

Financial Number
75617428



Digital Dictation.



Entered by: ESTRADA, RAQUEL

ORIGINAL

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.M.D.
 Dsch: 08/09/2018

MRI

EXAM	EXAM DATE/TIME	ACCESSION NUMBER	ORDERING DOCTOR
MRI Thoracic imaging w/o contrast	08/08/2018 10:09	MR-18-0016546	RILEY, JONATHAN P.M.D

REASON FOR EXAM

(MRI Thoracic imaging w/o contrast) compression fx

Findings

CLINICAL HISTORY: Numbness fingers and toes on the left.

TECHNIQUE: Multiple pulse sequences performed

COMPARISON: none

FINDINGS:

Thoracic intervertebral disc spaces well maintained.
 No focal disc herniation or stenosis is seen.
 No intramedullary abnormalities are appreciated.
 Minor disc degeneration at T11-12 with a minimal bulging disc is seen.
 No discitis or osteomyelitis is seen.

IMPRESSION:

Minor disc degeneration at T11-12. No significant thoracic MRI abnormalities appreciated.

READ BY.....: REGENBOGEN, VICTOR S. MD

DICTATED: 08/08/2018 10:13 am

TRANSCRIBED BY.....: 08/08/2018 10:13 am VSR

SIGNED 08/08/2018 10:17 am

ELECTRONICALLY BY...: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.
 Although each report is personally scanned for syntactic or grammatical errors,
 unintended but conspicuous translational errors can occur.
 Please contact the Radiology department if there are questions about contents of this report.

EXAM	EXAM DATE/TIME	ACCESSION NUMBER	ORDERING DOCTOR
MRI Cervical spine w/o contrast	08/08/2018 10:09	MR-18-0016547	RILEY, JONATHAN P.M.D

REASON FOR EXAM

(MRI Cervical spine w/o contrast) compression fx

Findings

HISTORY: Finger and toe numbness

TECHNIQUE: Multiple pulse sequences obtained through the cervical spine.

Printed: 08/23/2018 16:54

Page 12 of 21



Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018

Ul Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.M.D

Medical Record Request

Dsch: 08/09/2018

MRI

EXAM	EXAM DATE/TIME	ACCESSION NUMBER	ORDERING DOCTOR
MRI Cervical spine w/o contrast	08/08/2018 10:09	MR-18-0016547	RILEY, JONATHAN P.M.D

Findings

COMPARISON: none

FINDINGS:

Craniocervical junction unremarkable.
 Cervical intervertebral disc spaces well maintained.
 No focal disc herniation or stenosis seen.
 Upper 4 thoracic levels unremarkable.
 No intramedullary abnormalities are appreciated.
 No discitis or osteomyelitis appreciated.

IMPRESSION:

Unremarkable MRI of the cervical spine.

READ BY.....: REGENBOGEN, VICTOR S. MD
 DICTATED: 08/08/2018 10:09 am
 TRANSCRIBED BY.....: 08/08/2018 10:09 am VSR
 SIGNED 08/08/2018 10:12 am
 ELECTRONICALLY BY...: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.
 Although each report is personally scanned for syntactic or grammatical errors,
 unintended but conspicuous translational errors can occur.
 Please contact the Radiology department if there are questions about contents of this report.



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.M.D.

Dsch: 08/09/2018

Past Medical History

Problem Name: Anemia

Status: Active

Age at Onset: 18 years; Onset Date: 1991; Age at Resolved: ; Resolved Date: ; Responsible Provider:

C: 09/19/2016 10:03 : CRONIN, LINDA J.: hospitalized at age 18. dx'ed as iron deficient anemia

Problem Name: Polycystic ovarian syndrome

Status: Resolved

Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 20 years; Onset Date: 03/27/1994; Age at Resolved: Unknown 21 years; Resolved Date: Unknown 1995; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 22 years; Onset Date: 10/23/1996; Age at Resolved: Unknown 23 years; Resolved Date: Unknown 1997; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 33 years; Onset Date: 03/27/2007; Age at Resolved: Unknown 34 years; Resolved Date: Unknown 2008; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 34 years; Onset Date: 03/27/2008; Age at Resolved: Unknown 35 years; Resolved Date: Unknown 2009; Responsible Provider:



Medical Record Request

Med Rec Nbr: 1003295790

Uf Nbr: 1003295790

Financial Nbr: 75617428

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH SUBURBAN

DOB: 11/15/1973

Patient Location: A-MRI Service

Sex: Female

Physician: RILEY, JONATHAN P.M.D

Adm: 08/08/2018

Dsch: 08/09/2018

Family History

Last Update: 09/19/2016 09:56 by CRONIN, LINDA J.

Mother: Alive

Condition		Age of Onset	Life Cycle	Severity
Hypertension	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Sister: Alive

Condition		Age of Onset	Life Cycle	Severity
Breast cancer ^c	Positive			
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

C1: 09/19/2016 09:56 : CRONIN, LINDA J.; dx'ed age 30, deceased

Sister: Alive

Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Brother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Brother: Alive

Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Cousin: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Father: Alive

Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Mat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			

Printed: 08/23/2018 16:54

Page 15 of 21



Med Rec Nbr: 1003295790

UI Nbr: 1003295790

Financial Nbr: 75617428

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH SUBURBAN

DOB: 11/15/1973

Patient Location: A-MRI Service

Sex: Female

Physician: RILEY, JONATHAN P.M.D

Medical Record Request

Adm: 08/08/2018

Dsch: 08/09/2018

Family History

Mat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
Ovarian cancer	Negative			
Thyroid disease	Negative			

Mat Grandmother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Nephew: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Niece: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Pat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Pat Grandmother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

**Medical Record Request**

Med Rec Nbr: 1003295790

UI Nbr: 1003295790

Financial Nbr: 75617428

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH SUBURBAN

DOB: 11/15/1973

Patient Location: A-MRI Service

Sex: Female

Physician: RILEY, JONATHAN P.M.D

Adm: 08/08/2018

Dsch: 08/09/2018

AllergySubstance: No Known Medication Allergies**Recorded Date/Time**

09/19/2016 09:50

Recorded By

CRONIN, LINDA J.

Reaction Status: Active; Allergy Type: Allergy; Category Drug; Reviewed Date/Time:
02/03/2018 10:09 ; Reviewed By: LYNCH, JOSHUA J.D.O



Medical Record Request

Med Rec Nbr: 1003295790

UI Nbr: 1003295790

Financial Nbr: 75617428

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH SUBURBAN

DOB: 11/15/1973

Patient Location: A-MRI Service

Sex: Female

Physician: RILEY, JONATHAN P.M.D

Adm: 08/08/2018

Dsch: 08/09/2018

Problem List

Problem Name: Anemia

Last Updated: 09/19/2016

Status Date: 09/19/2016

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Obesity

Last Updated: 09/19/2016

Status Date: 09/19/2016

Last Reviewed: 09/19/2016

Responsible Provider:

Problem Name: Polycystic ovarian syndrome

Last Updated: 09/19/2016

Status Date: 09/19/2016

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016

Status Date:

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016

Status Date:

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016

Status Date:

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016

Status Date:

Last Reviewed: 02/03/2018

Responsible Provider:

**Medical Record Request**

Med Rec Nbr: 1003295790

Ul Nbr: 1003295790

Financial Nbr: 75617428

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH SUBURBAN

DOB: 11/15/1973

Patient Location: A-MRI Service

Sex: Female

Physician: RILEY, JONATHAN P.M.D

Adm: 08/08/2018

Dsch: 08/09/2018

Procedures-Surgical History**Procedure: Laparoscopy**Last Updated:
09/19/2016Status:
Active

Location:

Provider:

Last Reviewed:
02/03/2018

Related Diagnosis:

C: 09/19/2016 09:54 ; CRONIN, LINDA J.; exploratory, for abdominal pain, nothing found



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.MD
 Dsch: 08/09/2018

Orders

Radiology

Order: MRI Cervical spine w/o contrast

Order Date/Time: 08/01/2018 12:56

Department Status: Completed

Catalog Type: Radiology

Activity Type: Radiology

End-state Date/Time: 08/08/2018 10:14

End-state Reason:

Ordering Physician: RILEY, JONATHAN P.MD

Consulting Physician:

Entered & Electronically Signed By: ESTRADA, RAQUEL on 08/01/2018 12:56

Order Details: Routine, 8/8/18 9:45:00 AM EDT, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Order Comment:

Action Type: Complete

Action Date/Time: 08/08/2018 10:14

Action Personnel: REGENBOGEN, VICTOR S.MD

Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 08/08/2018 10:09

Action Personnel: MATYAS, ROB C MRI Tech

Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 08/08/2018 09:25

Action Personnel: MATYAS, ROB C MRI Tech

Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Activate

Action Date/Time: 08/08/2018 09:09

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 08/01/2018 12:56

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.MD
 Dsch: 08/09/2018

Orders

Radiology

Order: MRI Thoracic imaging w/o contrast

Department Status: Completed

Order Date/Time: 08/01/2018 12:55

Catalog Type: Radiology

Activity Type: Radiology

End-state Date/Time: 08/08/2018 10:18

End-state Reason:

Ordering Physician: RILEY, JONATHAN P.MD

Consulting Physician:

Entered & Electronically Signed By: ESTRADA, RAQUEL on 08/01/2018 12:55

Order Details: Routine, 8/8/18 9:00:00 AM EDT, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Order Comment:

Action Type: Complete

Action Date/Time: 08/08/2018 10:18

Action Personnel: REGENBOGEN, VICTOR S.MD

Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 08/08/2018 10:09

Action Personnel: MATYAS, ROB C MRI Tech

Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 08/08/2018 09:25

Action Personnel: MATYAS, ROB C MRI Tech

Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Activate

Action Date/Time: 08/08/2018 09:08

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Modify

Action Date/Time: 08/01/2018 12:56

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 08/01/2018 12:55

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

Fax Call Report**HP LaserJet 500 MFP M525****Page 1****Fax Header Information**

office fax
7166752885
Sep/4/2018 10:14:57 AM

Job	Date/Time	Type	Identification	Duration	Pages	Result
2788	Sep/4/2018 10:09:01 AM	Send	6958592	5:54	22	Success

DAVID W. POLAK

Attorney:

David W. Polak, Esq.

Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

August 30, 2018

Advanced Care Physical Therapy

Attn: Medical Records

3780 Commerce Ct., Suite 300
N. Tonawanda, New York 14120

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

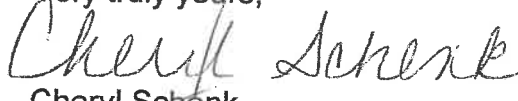
Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,


Cheryl Schenk

Enclosure

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:
In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996
(HIPAA), I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: ADVANCED CARE PHYSICAL THERAPY
3780 COMMERCE CT. SUITE 300, N. TONAWANDA, NY 14120

8. Name and address of person(s) or category of person to whom this information will be sent: DAVID W. DOUGAN, ESQ.
370 UNION ROAD, WEST SEAFORD, NEW YORK 14224

9(a). Specific information to be released:

☒ Medical Record from (insert date) 8/2/18 to (insert date) present

☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other: _____

Include: (Indicate by Initialing)

Alcohol/Drug Treatment

Mental Health Information

HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize _____

 Initials Name of individual health care provider
 to discuss my health information with my attorney, or a governmental agency, listed here;

(Attorney/Firm Name or Governmental Agency Name)

10	Reason for release of information:
----	------------------------------------

☐ At request of individual
☒ Other: 14 action

11. Date or event on which this authorization will expire:

13. Authority to sign on behalf of patient: 1 yr. from date of signature

12 If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.


Signature of patient or representative authorized by law.

Date: 8/30/18

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS
OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road

West Seneca, New York 14224

Phone (716) **675-ATTY** (2889)

Fax (716) 675-2885 *

www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

August 24, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda

Office of the City Attorney

Attn: Luke A. Brown, Esq.

216 Payne Avenue

North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed please find a copy of a medical records we have obtained from UBNS on behalf of our client Shaulene Smith.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,

Cheryl A. Schenk
Cheryl A. Schenk

/cs

Enclosure

KALEIDA HEALTH

Millard Fillmore Suburban Hospital
1540 Maple Rd

Williamsville NY 14221
(716)-568-3600
MRI Cervical spine w/o contrast

MRI Cervical spine w/o contrast

Exam Date/Time: 08/08/2018 10:09
Accession Number: MR-18-0016547
Reason For Exam: compression fx

Name: SHAULENE N SMITH
MR#: 1003295790
DOB: 11/15/1973 Age: 44
Location: KH SUBURBAN
Admission Date: 08/08/2018 09:06
Ordering Provider: Jonathan P. Riley
Patient Type: Clini

HISTORY: Finger and toe numbness

TECHNIQUE: Multiple pulse sequences obtained through the cervical spine.

COMPARISON: none

FINDINGS:

Craniocervical junction unremarkable.

Cervical intervertebral disc spaces well maintained.

No focal disc herniation or stenosis seen.

Upper 4 thoracic levels unremarkable.

No intramedullary abnormalities are appreciated.

No discitis or osteomyelitis appreciated.

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

IMPRESSION:

Unremarkable MRI of the cervical spine.

READ BY.....: REGENBOGEN, VICTOR S. MD

DICTATED: 08/08/2018 10:09 am

TRANSCRIBED BY.....: 08/08/2018 10:09 am VSR

SIGNED 08/08/2018 10:12 am

ELECTRONICALLY BY...: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors,
unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

✱

KALEIDA HEALTH

Millard Fillmore Suburban Hospital
1540 Maple Rd

Williamsville NY 14221
(716)-568-3600
MRI Thoracic imaging w/o contrast

MRI Thoracic imaging w/o contrast

Exam Date/Time: 08/08/2018 10:09
Accession Number: MR-18-0016546
Reason For Exam: compression fx

Name: SHAULENE N SMITH
MR#: 1003295790
DOB: 11/15/1973 Age: 44
Location: KH SUBURBAN
Admission Date: 08/08/2018 09:06
Ordering Provider: Jonathan P. Riley
Patient Type: Clini

CLINICAL HISTORY: Numbness fingers and toes on the left.

TECHNIQUE: Multiple pulse sequences performed

COMPARISON: none

FINDINGS:

Thoracic intervertebral disc spaces well maintained.

No focal disc herniation or stenosis is seen.

No intramedullary abnormalities are appreciated.

Minor disc degeneration at T11-12 with a minimal bulging disc is seen.

No discitis or osteomyelitis is seen.

IMPRESSION:

Minor disc degeneration at T11-12. No significant thoracic MRI abnormalities appreciated.

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

READ BY.....: REGENBOGEN, VICTOR S. MD

DICTATED: 08/08/2018 10:13 am

TRANSCRIBED BY.....: 08/08/2018 10:13 am VSR

SIGNED 08/08/2018 10:17 am

ELECTRONICALLY BY...: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors,
unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

Fax Call Report**HP LaserJet 500 MFP M525****Page 1****Fax Header Information**

office fax
7166752885
Aug/24/2018 1:20:33 PM

Job	Date/Time	Type	Identification	Duration	Pages	Result
2734	Aug/24/2018 1:19:15 PM	Send	6958592	1:16	5	Success

DAVID W. POLAK

Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Attorney:

David W. Polak, Esq.

Legal Assistant:

Cheryl A. Schenk

* (not for service)

August 20, 2018

Via Facsimile: (716) 650-2691

UBNS

Attn: Dr. Jonathan Riley

3980-A Sheridan Drive

Amherst, New York 14226

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

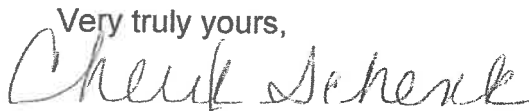
Dear Dr. Riley:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from **July 16, 2018 to present** as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,


Cheryl Schenk

Enclosure



OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name <u>Shaulene Smith</u>	Date of Birth <u>11/15/73</u>	Social Security Number
Patient Address <u>655 Oliver St. #2 North Tonawanda NY 14120</u>		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: <u>UPNS - DR. JONATHAN RILEY</u> <u>3980-A SHERIDAN DRIVE, AMHERST, NY 14226</u>
8. Name and address of person(s) or category of person to whom this information will be sent: <u>DAVID W. POLAKI, ESQ.</u> <u>1370 UNION ROAD, WEST SENECGA, NY 14224</u>

9(a). Specific information to be released:

- ☒ Medical Record from (insert date) 7/16/18 to (insert date) present
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: _____ Include: (Indicate by Initialing)

Authorization to Discuss Health Information

- (b) ☐ By initialing here _____ I authorize _____

 Initials Name of individual health care provider
 to discuss my health information with my attorney, or a governmental agency, listed here:

 (Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: <u>litigation</u>	11. Date or event on which this authorization will expire: <u>1 yr. from date of signature</u>
12. If not the patient, name of person signing form: <u>Smith</u>	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Smith
 Signature of patient or representative authorized by law.

Date: 8/20/18

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

Fax Call Report

HP LaserJet 500 MFP M525

Page 1

Fax Header Information

office fax
7166752885
Aug/20/2018 4:24:06 PM

Job	Date/Time	Type	Identification	Duration	Pages	Result
2699	Aug/20/2018 4:21:53 PM	Send	6502691	2:11	2	Success

DAVID W. POLAK

Attorney:

David W. Polak, Esq.

Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)

Fax (716) 675-2885 *

www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

August 20, 2018

Millard Fillmore Hospital
Attn: Medical Records
1540 Maple Road
Williamsville, New York 14224

Re: Your Patient:	Shaulene Smith
Date of Birth:	November 15, 1973
Date of Injury:	February 2, 2018

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,


Cheryl Schenk

Enclosure

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road

West Seneca, New York 14224

Phone (716) **675-ATTY** (2889)

Fax (716) 675-2885 *

www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

August 1, 2018

Via Facsimile: (716) 695-8592

City of North Tonawanda

Office of the City Attorney

Attn: Luke A. Brown, Esq.

216 Payne Avenue

North Tonawanda, New York 14120

Re: Shaulene Smith v. City of North Tonawanda

Dear Mr. Brown:

As you are aware our office has and continues to represent Shaulene Smith who sustained injury with respect to an incident that took place on City Property on February 2, 2018.

Enclosed for your file is a copy of a Lien Notice from Standard Security Life Insurance on behalf of Ms. Smith.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,

Cheryl A. Schenk

Cheryl A. Schenk

/cs

Enclosure

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name Shaulene Smith	Date of Birth 11/15/73	Social Security Number
Patient Address 655 Oliver St. #2 North Tonawanda NY 14120		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: **MILLARD MILMORE SUBURBAN 1540 MAPLE ROAD WILLIAMSVILLE, NY 14221**

8. Name and address of person(s) or category of person to whom this information will be sent: **DAVID W. POLAK ESQ. 1370 UNION ROAD, WEST SENECAS, NY 14224**

9(a). Specific information to be released:

- ☒ Medical Record from (insert date) **2/2/18** to (insert date) **present**
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

- (b) ☐ By initialing here _____ I authorize _____ Name of individual health care provider
Initials to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual Other: Litigation	11. Date or event on which this authorization will expire: 1 yr. from date of signature
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law: **Smith**

Date: **8/20/18**

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

Temperature		
Intravascular		
Weight	67.59 kg	67.59 kg

With: **Address:** **When:**
 UB Neuro Surgery 218-1000

With: **Address:** **When:**
 University Ortho 204-3200

With: **Address:** **When:**
 LYNNE ROSS
 LYNNE ROSS, MD, PC, 43
 NIAGARA STREET NORTH
 TONAWANDA, NY 14120
 (716) 690-2001 Business (1)

Medication Information:

Allergy Info:
 No Known Medication Allergies

Immunizations:
 None given this visit

Explanation of your Complete Medication List (if you are not on any medications, below will be blank)

CHANGES: Medications with changes in dosing

CVS/pharmacy #0589, 955 PAYNE AVE MID-CITY PLAZA NORTH TONAWANDA, NY
14120, (716) 693 - 1091

Start Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

Stop Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours.

Below is a Complete list of your medications

oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

Medication Comments:

Additional Comments:

DISCHARGE INSTRUCTIONS

Order Name Order Details

TEST RESULTS

PENDING LABORATORY RESULTS:

None

PENDING RADIOLOGY RESULTS:

None

Laboratory or Other Results This Visit (last charted value for your 02/03/2018 visit)

GENERAL LABORATORY

02/03/2018 10:23 AM

Albumin Level: 3.8 g/dL -- Normal range between (3.5 and 5.0)

Alkaline Phosphatase: 72 unit/L -- Normal range between (30 and 140)

ALT: 11 unit/L -- Normal range between (5 and 50)

Anion Gap: 7 mmol/L -- Normal range between (5 and 15)

AST: 15 unit/L -- Normal range between (5 and 50)

Baso Abs: 0.0 x10⁹/L

Basophils: 0.7 %

Bilirubin: 0.6 mg/dL -- Normal range between (0.2 and 1.2)

BUN: 8 mg/dL -- Normal range between (5 and 25)

Calcium Level: 10.1 mg/dL -- Normal range between (8.5 and 10.5)

Carbon Dioxide: 25 mmol/L -- Normal range between (20 and 32)

Chloride: 105 mmol/L -- Normal range between (96 and 110)

Eos Abs: 0.2 x10⁹/L

Eos: 3.2 %

MCH: 26.7 pg -- Normal range between (28.0 and 34.0)

Patient Name SMITH, SHAULENE N
FIN # 75213332

4 of 8
MRN 1003295790

MCHC: 32.8 g/dL -- Normal range between (32.0 and 36.0)
MCV: 81.4 fL -- Normal range between (78.0 and 100.0)
RDW: 13.4 % -- Normal range between (11.5 and 14.0)
RBC: $4.31 \times 10^{12}/L$ -- Normal range between (4.20 and 5.40)
Hct: 35.1 % -- Normal range between (37.0 and 47.0)
Hgb: 11.5 g/dL -- Normal range between (12.0 and 16.0)
WBC: $6.0 \times 10^9/L$ -- Normal range between (4.0 and 10.5)
Lipase Level: 39 unit/L -- Normal range between (7 and 78)
Lymph Abs: $1.9 \times 10^9/L$ -- Normal range between (1.5 and 3.5)
Lymph: 32.1 % -- Normal range between (20.0 and 48.0)
Mono Abs: $0.4 \times 10^9/L$
Mono: 7.2 %
Neut Abs: $3.4 \times 10^9/L$ -- Normal range between (1.5 and 6.6)
Platelet: $257 \times 10^9/L$ -- Normal range between (150 and 450)
Protein: 7.1 g/dL -- Normal range between (6.0 and 8.0)
Creatinine: 0.64 mg/dL -- Normal range between (0.40 and 1.40)
Glucose Level: 90 mg/dL -- Normal range between (60 and 100)
MPV: 9.8 fL -- Normal range between (9.0 and 12.0)
Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.3)
Sodium Level: 137 mmol/L -- Normal range between (135 and 145)
GFR: >60 mL/min/1.73 m²
GFR AfrAmer: >60 mL/min/1.73 m²
Neutrophils: 56.6 % -- Normal range between (38.0 and 77.0)

ADDITIONAL LABORATORY AND/OR OTHER DIAGNOSTIC TEST RESULTS MAY BE AVAILABLE. PLEASE FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER.

Lynne Ross, M.D., P.C.

43 Niagara Street
N. Tonawanda, NY 14120-6115

(716)-690-2001

Clinical Visit Summary of Today's Visit

02/08/2018 Visit with DEBORAH BUSH, FNP

Shaulene N Smith

DOB: 11/15/1973 Sex: F Race: Black / African American
Ethnicity: Not Hispanic / Latino Preferred Language: English

Vitals

Wt: 159lb 2oz Ht: 60" BP: 130/80 Pulse: 70 Resp: 16 O2SatR: 99 IBW: 100 BMI: 31.1

Today's Diagnosis

Dorsalgia, unspecified (M54.9)
Body mass index (BMI) 31.0-31.9, adult (Z68.31)

Problem List

Body mass index 30+ - obesity
Neck pain
Headache
Iron deficiency anemia

Allergies

No Known Drug Allergy

Medications

New
DEBORAH BUSH, FNP
Gabapentin : 100 mg, take 1 capsule by mouth at bedtimes as needed for nerve pain (M54.9)
Cyclobenzaprine HCL : 5 mg, take 1 tablet by mouth 3 times per day as needed for muscle spasm (M54.9)
Naproxen DR : 500 mg, take 1 tablet by mouth 2 times per day (M54.9)

Continue

DEBORAH BUSH, FNP
Flonase Allergy Relief : 50 mcg/Act, 1-2 sprays per nare per day (H69.90)
ERIN VOGL, PA-C
Losartan Potassium : 25 mg, take 1 tablet by mouth daily for high blood pressure (I10)

Discontinue

DEBORAH BUSH, FNP
Vitamin D (Ergocalciferol) : 50000 Unit, take 1 capsule by mouth weekly for vitamin d deficiency
Ferrous Sulfate : 325 (65 Fe) MG, 1 by mouth twice a day
Unspecified Prescriber
Medroxyprogesterone Acetate : 10 mg, 1 by mouth every day

Comments

Dorsalgia, unspecified (M54.9)
Acute.

Shaulene N Smith DOB 11/15/1973

pt will be out of work for the next few weeks
will give note when she needs to go back to work
went to the ER T 12 mild compression fracture
D&E

Future Appointments

03/01/18 Thr 8:40a Loc: 1 BUSH, DEBORAH, FNP

Loc: 1

Lynne Ross, M.D., P.C.

Lynne Ross, M.D., P.C.

43 NIAGARA STREET

N. Tonawanda, NY 14120-6115

Phone: (716)-690-2001 Fax: (716)-690-2239

Smoking Status

Smoking: Patient has never smoked.

Today's Payment Type:

Today's Payment Amount: 0.00

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

March 5, 2018

Lynne Ross, M.D., P.C.
Attn: Medical Records
43 Niagara Street
N. Tonawanda, New York 14120

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,

Cheryl Schenk
Cheryl Schenk

Enclosure

OCA Official Form No.: 960

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name Shaulene Smith	Date of Birth 11/15/73	Social Security Number
Patient Address 655 Oliver St. #2 North Tonawanda NY 14120		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form in accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: **LYNNE ROSS, MD PC - 43 NIAGARA STREET - N. TONAWANDA, NY 14120**

8. Name and address of person(s) or category of person to whom this information will be sent: **DAVID W. POLAK, ESQ. - 1370 UNION ROAD - WEST SENECAS, NY 14124**

9(a). Specific information to be released: **2/1/18** to (insert date) **present**

☒ Medical Record from (insert date) **2/1/18**

☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize _____ Name of individual health care provider

Initials

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10 Reason for release of information:

☐ At request of individual

☒ Other: **litigation**

11. Date or event on which this authorization will expire:

1 yr. from date of signature

12 If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law: **Smith**

Date: **3/5/18**

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name Shaulene Smith	Date of Birth 11/15/73	Social Security Number
Patient Address 655 Oliver St. #2 North Tonawanda N.Y. 14120		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form in accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: **DEBBIE MEMORIAL HOSPITAL**
445 TREMONT STREET - N. TONAWANDA NY 14120

8. Name and address of person(s) or category of person to whom this information will be sent: **DAVID W. POLAK, ESQ.**
1370 UNION ROAD WEST SENECGA, NY 14224

9(a). Specific information to be released: **2/10/13** to (insert date) **present**

☒ Medical Record from (insert date) **2/10/13** to (insert date) **present**

☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize _____ Name of individual health care provider
 Initials
 to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

☐ At request of individual

☒ Other: **litigation**

12. If not the patient, name of person signing form:

11. Date or event on which this authorization will expire:

1 yr. from date of signature

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date: **5/26/18**

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road

West Seneca, New York 14224

Phone (716) 675-ATTY (2889)

Fax (716) 675-2885 *

www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

February 26, 2018

Degraff Memorial Hospital

Attn: Medical Records

445 Tremont Street

N. Tonawanda, New York 14120

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

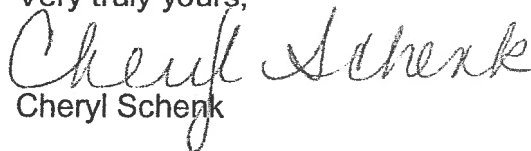
Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,


Cheryl Schenk

Enclosure

DAVID W. POLAK

Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Attorney:

David W. Polak, Esq.

Legal Assistant:

Cheryl A. Schenk

* (not for service)

February 26, 2018

Lynne Ross, M.D., P.C.
Attn: Medical Records
43 Niagara Street
N. Tonawanda, New York 14120

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

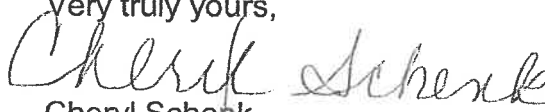
Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,


Cheryl Schenk

Enclosure

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name Shaulene Smith	Date of Birth 11/15/73	Social Security Number
Patient Address 655 Oliver St. #2 North Tonawanda N.Y. 14120		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form in accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: **LYNNE ROSS, MD PC - 43 NIAGARA STREET - N. TONAWANDA, NY 14120**

8. Name and address of person(s) or category of person to whom this information will be sent: **DAVID W. ADAMS, ESQ. - 1370 UNION ROAD - WEST SALEM, NY 14124**

9(a). Specific information to be released: **2/20/18** to (insert date) **present**

☒ Medical Record from (insert date) **2/20/18** to (insert date) **present**

☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment
_____ Mental Health Information
_____ HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize _____ Name of individual health care provider
Initials
to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: litigation	11. Date or event on which this authorization will expire: 1 yr. from date of signature
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law: **Smith**

Date: **2/20/18**

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

ADVANCED CARE WHEATFIELD

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care
CENTRAL HUMAN PERFORMANCE CENTER
Personal care that gets you results.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973
Case: Neck & Back/Welcare
Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT
Nicholas Chuba, PT, DPT
Referred by: Jonathan Riley, MD

09/06/18 ✓
Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

I'm very tired today from getting updated imaging for the neurologist later this month. My pain is not as bad and am going without my brace more often.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating

Verbal Pain Rating at Present 6 - Moderate Pain
(4 - 6)

Verbal Pain Rating at Best 5 - Moderate Pain
(4 - 6)

Verbal Pain Rating at Worst 10 - Worst
Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills.
Coughing, sneezing, laughing:: No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:

Objective

	<i>Result</i>	<i>Note</i>
Low Back Pain Scale		
Section 1- Pain intensity	5. The pain is severe and does not vary much.	
Section 4-Walking	4. I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3. Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4. I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

Result *Note*

Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity		
	Left	Right
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Introducing further low grade exercises to improve UE and LE weakness to tolerance with back pain. Able to perform entire therapy session without back brace and no significant increase in pain demonstrating improving endurance.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain Intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		

8: Sitting	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation	55 degrees	55 degrees	90 degrees	11/8/18

AROM

26: Wrist Flexor Strength 3- /5 3- /5 5 /5 11/8/18

27: Triceps Strength 3- /5 3- /5 5 /5 11/8/18

Bilateral Lower Extremity

28: L2-3 (Hip Flexors) 3 /5 3 /5 5 /5 11/8/18

29: L4-5 (Ankle dorsiflexors) 3 /5 3 /5 5 /5 11/8/18

30: L3-4 (Knee extensors) 3 /5 3 /5 5 /5 11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,



Nicholas Chuba, PT, DPT

09/06/18 6:16 pm



Craig Reinstein MSPT CMTPT FAFS

CLT CCT

09/10/18 7:34 pm

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care
PERSONAL CARE THAT GETS YOU RESULTS.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973
Case: Neck & Back/Wellcare
Therapist: Kristy Frye PT DPT
Nicholas Chuba, PT, DPT
Referred by: Jonathan Riley, MD

09/04/18 ✓

Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

I was very sore over the weekend from pushing it harder last visit from feeling so good. I was thinking about buying an exercise bike like the one here for home and hoping that's ok.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating

Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)
Verbal Pain Rating at Best	5 - Moderate Pain (4 - 6)
Verbal Pain Rating at Worst	10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills.
Coughing, sneezing, laughing:: No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:.

Objective

	<i>Result</i>	<i>Note</i>
Low Back Pain Scale		
Section 1- Pain intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

<i>Result</i>	<i>Note</i>
---------------	-------------

Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity	Left	Right
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Introducing further low grade exercises to improve UE and LE weakness to tolerance with back pain. Will assess tolerance to activities without brace next visit.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan

Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and

functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities prn.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		
8: Sitting	Able to do	Able to do	Able to do	11/8/18		

	with much difficulty (4)	with much difficulty (4)	without any difficulty (1)	
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18

Emergency Medicine

Vertebral Fracture

You have a fracture of one or more vertebra. These are the bony parts that form the spine. Minor vertebral fractures happen when people fall. Osteoporosis is associated with many of these fractures. Hospital care may not be necessary for minor compression fractures that are stable. However, multiple fractures of the spine or unstable injuries can cause severe pain and even damage the spinal cord. A spinal cord injury may cause paralysis, numbness, or loss of normal bowel and bladder control.



FIGURE 1-1. SPINE, ANTERIOR VIEW.

Normally there is pain and stiffness in the back for 3 to 6 weeks after a vertebral fracture. Bed rest for several days, pain medicine, and a slow return to activity is often the only treatment that is needed depending on the location of the fracture. Neck and back braces may be helpful in reducing pain and increasing mobility. When your pain allows, you should begin walking or swimming to help maintain your endurance. Exercises to improve motion and to strengthen the back may also be useful after the initial pain improves. Treatment for osteoporosis may be essential for full recovery. This will help reduce your risk of vertebral fractures with a future fall.

During the first few days after a spine fracture you may feel nauseated or vomit. If this is severe, hospital care with IV fluids will be needed.

Arrange for follow-up care as recommended to assure proper long-term care and prevention of further spine injury.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have increasing pain, vomiting, or are unable to move around at all.
- You develop numbness, tingling, weakness, or paralysis of any part of your body.
- You develop a loss of normal bowel or bladder control.
- You have difficulty breathing, cough, fever, chest or abdominal pain.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 01/25/2006 Document Revised: 03/11/2013 Document Reviewed: 08/10/2010
ExitCare® Patient Information ©2015 ExitCare, LLC.



April 26, 2018

Patient Name: Shaulene N Smith
Date of Birth: 11/15/1973
Date of Exam: 04/26/18
Physician: Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 with the development of focal back pain. The patient recently when seen on 03/15/2018 was put in a TLSO given the presence of ongoing pain after a prior compression fracture at this point. The patient is seen on 04/26/2018 approximately two weeks after having been fitted with the TLSO. She returns to clinic at this time with new imaging.

Her symptomatology is essentially the same. She has improvement while wearing the brace but has discomfort when removing.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities.

Review of Studies: Patient has thoracic AP and lateral films which show no discernible change, certainly no worsening compression.

Medical Decision Making: The patient is a 44-year-old female status post a minimal T12 compression fracture and now with a TLSO brace. We recommend that the patient maintain a three-month period of brace utilization. We will have her follow up in clinic in approximately 2 1/2 months with a repeat CT scan. That will be a total of three months of wearing the brace. At that point in time, we will consider removing the brace and beginning the patient in physical therapy.

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,

Neurosurgery
Elad I. Levy, MD, MBA, FACS, FAHA
Gregory J. Castiglia, MD, FACS
Jason M. Davies, MD, PhD
John G. Fehlbach IV, MD
Kevin J. Gibbons, MD, FACS, FAANS

Yvesal U, MD
Douglas B. Moreland, MD, FACS
Robert J. Plunkett, MD

John Pollina, MD, FACS

Renee Reynolds, MD, FAANS

Jonathan Riley, MD

Adnan R. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Snyder, MD, PhD, FAANS

Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, OABPM

Andres C. Wong, MD, DABA, DABAFPM, MPH

Chiropractors

Jonathan P. Beck, DC

Sunjay Kapoor, DC

3980-A Sheridan Drive

Amherst, NY 14226

716/218-1800

EMR Fax: 716/630-2691

Buffalo General Medical Center

100 High Street - Section B5

Buffalo, NY 14203

716/218-1800

EMR Fax: 716/639-7480 & 7481

5959 Big Tree Road - Suite 103

Orchard Park, NY 14127

716/218-1800

EMR Fax: 716/637-1838

Orchard Children's Outpatient Center

Conventus Building

1001 Main Street - 3rd Floor

Buffalo, NY 14203

716/218-1800

EMR Fax: 716/342-2535

The Park Center

180 Park Club Lane

Williamsville, NY 14221

716/639-4402

EMR Fax: 716/639-3570

6230 Williams Road - Suite 3800

(Dr. Michael Stoffman)

Niagara Falls, NY 14304

716/218-1800

EMR Fax: 716/205-8386

Interventional Pain Management

(Dr. Jafar Siddiqui, Dr. Andres Wong)

180 Park Club Lane

Suite 350

Williamsville, NY 14221

716/218-1800

EMR Fax: 716/630-7677

Shaulene N Smith DD 04/26/2018

Page #2

A handwritten signature in black ink, appearing to read "Jonathan Riley".

Electronically signed by Jonathan Riley, MD
Jonathan Riley, MD
JR/jmb
cc Lynne Ross MD

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) 675-ATTY (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

*(not for service)

May 7, 2018

City of North Tonawanda
Attn: City Clerk
216 Payne Avenue
North Tonawanda, New York 14120

Re: Our Client: Shaulene Smith
DOL: February 2, 2018

Dear Sir or Madam:

Please be advised the undersigned has been retained to represent Shaulene Smith who sustained injury with respect to an incident that took place on the City Property on February 2, 2018 when she was walking along Payne Avenue (across from the Fore Hall) and was caused to slip and fall due to the dangerous, hazardous and slippery condition that was created by municipal entities and/or failure to remove snow and ice from the sidewalk along Payne Avenue in the City of North Tonawanda adjacent to the John Brauer Park.

As a result of the fall, Ms. Smith suffered a vertebral compression fracture of her thoracic spine at the T-12 level due to the fall. Enclosed please find a copy of records we have received from UBNS on behalf of our client.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,


Cheryl A. Schenk

/cs
Enclosure

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

May 7, 2018

City of North Tonawanda
Attn: City Clerk
216 Payne Avenue
North Tonawanda, New York 14120

Re: Our Client: Shaulene Smith
DOL: February 2, 2018

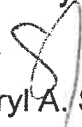
Dear Sir or Madam:

Please be advised the undersigned has been retained to represent Shaulene Smith who sustained injury with respect to an incident that took place on the City Property on February 2, 2018.

Enclosed please find a copy of a disability note we have received from UBNS on behalf of our client.

Thank you for your attention to this matter. Should you have any questions please contact Mr. Polak at your earliest convenience.

Very truly yours,


Cheryl A. Schenk

/cs

Enclosure



UNIVERSITY AT BUFFALO
NEUROSURGERY
UBNS.COM

April 26, 2018

NAME: Shaulene N Smith ID: 418036
DOB: 11/15/1973

Please excuse Shaulene N Smith from work 04/26/2018 to 07/12/2018 due to illness/injury. She is scheduled to be re-evaluated on July 12, 2018 and further disability determination will be made at that time.

Sincerely,

Jonathan Riley

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak.....(716) 218-1000, ext 6116

For billing questions..... (716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include X-rays, CTs or MRIs. Thank you.

****Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can result in your appointment being cancelled or rescheduled to the next available appointment.****

Neurosurgery

Elad I. Levy, MD, MBA, FACS, FAHA

Gregory J. Csernig, MD, FACS

Jason M. Davies, MD, PhD

John G. Fahrbach IV, MD

Kevin J. Gibbons, MD, FACS, FAANS

Yves L. Li, MD

Douglas B. Meisland, MD, FACS

Robert J. Plunkett, MD

John Polina, MD, FACS

Renee Reynolds, MD, FAANS

Jonathan Riley, MD

Adrian H. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Snyder, MD, PhD, FAANS

Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM

Andrea C. Wong, MD, DABA, DABAPM, MPH

Chiropractors

Jonathan P. Beck, DC

Sunjay Kapoor, DC

3980-A Sheridan Drive

Amherst, NY 14226

716/218-1000

EMR Fax: 716/650-2691

Buffalo General Medical Center

100 High Street - Section B4

Buffalo, NY 14203

716/218-1000

EMR Fax: 716/659-7480 & 7481

3959 Big Tree Road - Suite 103

Orchard Park, NY 14127

716/218-1000

EMR Fax: 716/677-4038

Orchel Children's Outpatient Center

Conventus Building

1001 Main Street - 3rd Floor

Buffalo, NY 14203

716/218-1040

EMR Fax: 716/342-2535

The Park Center

180 Park Club Lane

Williamsville, NY 14221

716/638-9402

EMR Fax: 716/639-3570

6930 Williams Road - Suite 3800

(Dr. Michael Stoffman)

Niagara Falls, NY 14304

716/218-1000

EMR Fax: 716/205-8386

Interventional Pain Management

(Dr. Jafar Siddiqui, Dr. Andrea Wong)

180 Park Club Lane

Suite 250

Williamsville, NY 14221

716/218-1000

EMR Fax: 716/650-7677

DAVID W. POLAK

Attorney:

David W. Polak, Esq.

Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

April 26, 2018

UBNS

Attn: Medical Records

3980-A Sheridan Drive
Amherst, New York 14226

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

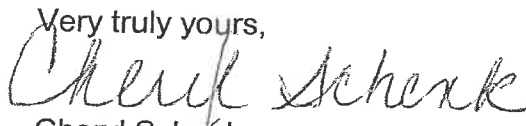
Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from **March 16, 2018 to present** as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,


Cheryl Schenk

Enclosure

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name <u>Shaulene Smith</u>	Date of Birth <u>11/15/73</u>	Social Security Number
Patient Address <u>655 Oliver St. #2 North Tonawanda NY 14120</u>		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: DR. S. - 3980 SHELDON DR. - AMHERST, NEW YORK 14226

8. Name and address of person(s) or category of person to whom this information will be sent: DAVID W. PEARSON ESQ. 1370 UNION ROAD - WEST SENECAS NY 14224

- 9(a). Specific information to be released:
- ☒ Medical Record from (insert date) 3/16/18 to (insert date) present
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

- (b) ☐ By initialing here _____ I authorize _____ Name of individual health care provider
- _____ Initials
- to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

- | | |
|---|---|
| 10. Reason for release of information:
<input type="checkbox"/> At request of individual
<input checked="" type="checkbox"/> Other: <u>litigation</u> | 11. Date or event on which this authorization will expire:
<u>1 yr. from date of signature</u> |
| 12. If not the patient, name of person signing form: | 13. Authority to sign on behalf of patient: |

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date: 4/26/18

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

DAVID W. POLAK

Attorney at Law P.C.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Attorney:

David W. Polak, Esq.

Legal Assistant:

Cheryl A. Schenk

* (not for service)

March 20, 2018

Degraff Memorial Hospital
Attn: Medical Records
445 Tremont Street
N. Tonawanda, New York 14120

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene from **February 26, 2018 to present** as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

Very truly yours,

Cheryl Schenk
Cheryl Schenk

Enclosure

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

(This form has been approved by the New York State Department of Health)

Patient Name <u>Shaulene Smith</u>	Date of Birth <u>11/15/73</u>	Social Security Number
Patient Address <u>655 Oliver St. #2 North Tonawanda NY 14120</u>		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: DE GRAY MEMORIAL HOSPITAL
445 TREMONT STREET - N. TONAWANDA NY 14120

8. Name and address of person(s) or category of person to whom this information will be sent: DAVID W. POLAKI, ESQ.
1370 UNION ROAD - WEST SUDBURY NEW YORK 14724

9(a). Specific information to be released:

☒ Medical Record from (insert date) 2/2/18 to (insert date) present

☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment
_____ Mental Health Information
_____ HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize _____
Initials Name of individual health care provider
to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10 Reason for release of information:

☐ At request of individual

☒ Other: litigation

11. Date or event on which this authorization will expire:

1 yr. from date of signature

12 If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law: Smith

Date: 3/20/18

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road

West Seneca, New York 14224

Phone (716) **675-ATTY** (2889)

Fax (716) 675-2885 *

www.personalinjurywny.com

www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

March 8, 2018

City of North Tonawanda

Attn: City Clerk

216 Payne Avenue

North Tonawanda, New York 14120

Re: Our Client: Shaulene Smith
DOL: February 2, 2018

Dear Sir or Madam:

Please be advised the undersigned has been retained to represent Shaulene Smith who sustained injury with respect to an incident that took place on the City Property on February 2, 2018 when she was walking along Payne Avenue (across from the Fore Hall) and was caused to slip and fall due to the dangerous, hazardous and slippery condition that was created by municipal entities and/or failure to remove snow and ice from the sidewalk along Payne Avenue in the City of North Tonawanda adjacent to the John Brauer Park.

As a result of the fall, Ms. Smith suffered a vertebral compression fracture of her thoracic spine at the T-12 level due to the fall. Due to the fact that the City of North Tonawanda through its actions or inactions created the hazardous and dangerous condition thus leading to Ms. Smith's fall and resulting injury, notice is not a requirement for a premise liability claim.

Let this serve as our client's Notice of Claim of this incident. A formal Notice of Claim will be filed separately.

Notwithstanding, in the meanwhile, please place the insurance carrier on notice for the City of North Tonawanda for this injury. We will supplement this correspondence with additional medical records once they become available. In the meantime, please find enclosed herein medical records noting the T-12 compression fracture which occurred on February 2, 2018 while on the City of North Tonawanda property.

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name Shaulene Smith	Date of Birth 11/15/73	Social Security Number
Patient Address 655 Oliver St. #2 North Tonawanda NY 14120		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

7. Name and address of health provider or entity to release this information: AMHRS, NEW YORK 14220	UBINS-3980-A SHEKIDAN DR.
8. Name and address of person(s) or category of person to whom this information will be sent: 1370 UNION ROAD WEST, SYRACUSE, NEW YORK 14224	DAVID W. POULAK, PC30.
9(a) Specific information to be released: <input checked="" type="checkbox"/> Medical Record from (insert date) 2/2/18 to (insert date) present <input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. <input type="checkbox"/> Other: _____ <div style="text-align: right;">Include: (Indicate by Initialing) _____ Alcohol/Drug Treatment _____ Mental Health Information _____ HIV-Related Information </div>	
Authorization to Discuss Health Information (b) <input type="checkbox"/> By initialing here _____ I authorize _____ Name of individual health care provider Initials _____ to discuss my health information with my attorney, or a governmental agency, listed here: _____ (Attorney/Firm Name or Governmental Agency Name)	
10 Reason for release of information: <input checked="" type="checkbox"/> At request of individual <input type="checkbox"/> Other: litigation	11 Date or event on which this authorization will expire: 1 yr. from date of signature
12 If not the patient, name of person signing form:	13 Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law: **Smith**

Date: **3/16/18**

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

USE OF THIS AUTHORIZATION REQUIRES DEFENSE COUNSEL TO PROVIDE ALL RECORDS OBTAINED TO PLAINTIFFS COUNSEL UPON RECEIPT OF THOSE RECORDS



Kaleida Health

Degraff Memorial Hospital
445 Tremont Street
North Tonawanda, New York 14120
(716) 694-4500

Emergency Department Discharge Instructions

Name SMITH, SHAULENE N

DOB 11/15/1973

Date/Time 2/3/2018 15:12:00

MR# 1003295790

Acct# 75213332

Visit Date/Time: 2/03/2018 9:44 AM

Diagnosis: T12 compression fracture

PCP: ROSS, LYNNE S. MD

ED Provider: LYNCH, JOSHUA J. DO

Instructions prepared by: LYNCH, JOSHUA J. DO

Kaleida Health would like to thank you for allowing us to assist you with your healthcare needs. **It is IMPORTANT to see your DOCTOR or PRIMARY CARE PROVIDER.** Emergency Care may be incomplete without proper follow-up. If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. **Please remember to take these instructions to your next doctor's appointment.**

Follow-up Instructions:

VITALS INFORMATION

Vital Sign	Triage	Latest
Pulse Rate, Peripheral	64 bpm	70 bpm
Respiratory Rate	18 BR/min	16 BR/min
Blood Pressure	140 mmHg /98 mmHg	142 mmHg /91 mmHg
Temperature Oral	36.9 degC	36.6 degC
Temperature Rectal		
Temperature Axillary		
Temperature Temporal		

Patient Name SMITH, SHAULENE N
FIN # 75213332

1 of 8
MRN 1003295790

DAVID W. POLAK

Attorney at Law P.C.

Attorney:

David W. Polak, Esq.

1370 Union Road
West Seneca, New York 14224
Phone (716) **675-ATTY** (2889)
Fax (716) 675-2885 *
www.personalinjurywny.com
www.wnytrucklawyer.com

Legal Assistant:

Cheryl A. Schenk

* (not for service)

March 16, 2018

UBNS

Attn: Medical Records

3980-A Sheridan Drive
Amherst, New York 14226

Re:	Your Patient:	Shaulene Smith
	Date of Birth:	November 15, 1973
	Date of Injury:	February 2, 2018

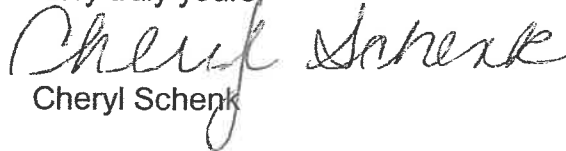
Dear Sir or Madam:

Please be advised that this office represents Shaulene Smith with respect to injuries she sustained when she fell on ice while walking to work on February 2, 2018.

Kindly forward a copy of your medical records of treatment provided to Shaulene as it relates to injuries sustained on February 2, 2018. Please include an invoice for any charge incurred in accordance with the New York State Health Law that sets a maximum charge of 75¢ per page and a check will be promptly forwarded. An Authorization is provided which will enable you to release this information to our office.

Thank you for your cooperation.

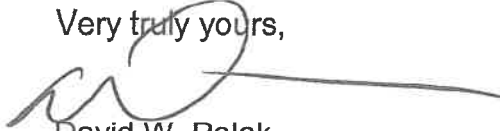
Very truly yours,


Cheryl Schenk

Enclosure

Thank you for your attention to this matter. Should you have any questions please contact the undersigned at your earliest convenience.

Very truly yours,



David W. Polak

DWP/cs

CC: Shaulene Smith

Pain Rating

Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)
Verbal Pain Rating at Best	5 - Moderate Pain (4 - 6)
Verbal Pain Rating at Worst	10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. **Coughing, sneezing, laughing::** No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:.

Objective

	<i>Result</i>	<i>Note</i>
Low Back Pain Scale		
Section 1- Pain Intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
Bilateral Lower Extremity				
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,



Nicholas Chuba, PT, DPT
09/05/18 7:53 am



Kristy Frye PT DPT
09/05/18 9:47 am

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care
Personal care that gets you results.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973
Case: Neck & Back/Wellcare
Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT
Nicholas Chuba, PT, DPT
Referred by: Jonathan Riley, MD

08/21/18 ✓

Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

My back was sore for a few days after the therapy session, but, it is better know. I've had no headaches since my evaluation on Thursday and the exercises are getting easier and not causing as much discomfort. I'm still trying to get in with a neurologist that takes my insurance.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating

Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)
Verbal Pain Rating at Best	5 - Moderate Pain (4 - 6)
Verbal Pain Rating at Worst	10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills.
Coughing, sneezing, laughing:: No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:.

Objective

	<i>Result</i>	<i>Note</i>
Low Back Pain Scale		
Section 1- Pain intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

<i>Result</i>	<i>Note</i>
---------------	-------------

Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	.painful
Lumbar Active ROM		
Lumbar Flexion	10% °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
<i>Bilateral Lower Extremity</i>	<i>Left</i>	<i>Right</i>
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

No reports of nausea during therapy session. Patient required additional rest breaks to tolerate new activities and exercises, however, tolerated further sitting and standing exercises during today's session. Talked with patient about diligently seeking to talk to neurologist.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise

and manual therapy techniques. Utilize modalities pm.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. **Passive interventions** utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		
8: Sitting	Able to do with much	Able to do with much	Able to do without any	11/8/18		

	difficulty (4)	difficulty (4)	difficulty (1)	
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica l Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10% °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist	3- /5	3- /5	5 /5	11/8/18

From:

**Flexor
Strength**

27: Triceps Strength 3- /5 3- /5 5 /5 11/8/18

Bilateral Lower Extremity

28: L2-3 (Hip Flexors) 3 /5 3 /5 5 /5 11/8/18

29: L4-5 (Ankle dorsiflexors) 3 /5 3 /5 5 /5 11/8/18

30: L3-4 (Knee extensors) 3 /5 3 /5 5 /5 11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,



Nicholas Chuba, PT, DPT

08/21/18 2:01 pm



Craig Reinstein MSPT CMTPT FAFS
CLT CCT

08/22/18 12:43 pm

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care
Personal care that gets you results.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene

Smith 11/15/1973

Case: Neck & Back/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT

Kimberly Attwood DPT

Referred by: Jonathan Riley, MD

08/23/18 ✓

Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region

Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

In terrible pain today, and my hands feel extremely weak for some reason.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient,
reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms,
they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice
in February and landing on her back/tailbone, she does not remember if she hit her head. Pain
started initially but not to the extent it is currently. After going to the hospital imaging found
compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative
conservative care by surgeon and chiropractor. In June she began to note intermittent
numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt.
will be obtaining results of imaging for therapist and is being scheduled to see a neurologist
due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating
Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past
Treatments:** None.

Pain Rating

Verbal Pain Rating at Present 6 - Moderate Pain
(4 - 6)

Verbal Pain Rating at Best 5 - Moderate Pain
(4 - 6)

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on::

Objective

Gait

Abnormality: Slow Speed. Poor Balance.

	Result	Note
Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity	Left	Right
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

The patient was extremely intolerant of postural exercises today, and transfers caused her to be tearful. It was discussed with her about the possibility of aquatic therapy for future appointments due to her intolerance of land therapy.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain		0 - No Pain	11/8/18		
3: Section 1- Pain intensity	5. The pain is severe and does not vary much.		0. The pain comes and goes and is very mild.	11/8/18		

4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18
7: Total Score	38 /50	0 /50	11/8/18
8: Sitting	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
9: Squatting	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait 11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation 11/8/18
17: L. Median Tension Test	Positive	Positive	Negative 11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative 11/8/18

19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
<i>Bilateral Lower Extremity</i>				
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,



Kimberly Attwood DPT

08/23/18 3:54 pm



Craig Reinstein MSPT CMTPT FAFS
CLT CCT

08/24/18 11:38 am

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care

PHYSICIAN THERAPY FOR THE PAIN PRACTITIONER

Personal care that gets you results.

Phone: (716) 282-
2888

Fax: (716) 285-1281

Progress Evaluation for Shaulene

Smith 11/15/1973

Case: Neck & Back/Wellcare

Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT

Nicholas Chuba, PT, DPT

Referred by: Jonathan Riley, MD

08/28/18 ✓

Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region

Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

Still in a decent amount of pain, I'm trying to do more in sitting and standing which is making me tired. Still trying to get in with a neurologist because of my weakness and numbness into my left side. I've been noticing some spasms in my hands that is new as well.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating

Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)
Verbal Pain Rating at Best	5 - Moderate Pain (4 - 6)
Verbal Pain Rating at Worst	10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills.
Coughing, sneezing, laughing:: No change in pain. **History of cancer::** Pt. denies history of cancer. **MD appointment:** Pt. reports that they last attended appointment with medical doctor on:.

Objective

	Result	Note
Low Back Pain Scale		
Section 1- Pain intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

Result	Note
--------	------

Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity		
	<i>Left</i>	<i>Right</i>
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

Patient able to perform more standing and seated postural strengthening exercises today with improved tolerance. Spoke to patient about benefits of aquatic therapy and patient would like to try therapy here first before going that route.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise

and manual therapy techniques. Utilize modalities pm.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain Intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		
8: Sitting	Able to do with much	Able to do with much	Able to do without any	11/8/18		

	difficulty (4)	difficulty (4)	difficulty (1)	
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist	3- /5	3- /5	5 /5	11/8/18

30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18
---------------------------------	------	------	------	---------

Craig Reinstein MSPT CMTPT FAFS
CLT CCT
08/29/18 9:09 am

26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
<i>Bilateral Lower Extremity</i>				
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,

Nicholas Chuba PT, DPT

Nicholas Chuba, PT, DPT
09/05/18 7:53 am

Kristy J. Frye PT, DPT

Kristy Frye PT DPT
09/05/18 9:47 am

Advanced Care Wheatfield

3780 Commerce
Court
STE 300
Wheatfield, NY
14120-2025



Advanced Care

PHYSICIAN • THERAPIST • NUTRITION • MASSAGE • CHIRO

Personal care that gets you results.

Phone: (716) 282-
2888
Fax: (716) 285-1281

Progress Evaluation for Shaulene
Smith 11/15/1973
Case: Neck & Back/Wellcare
Therapist: Craig Reinstein MSPT CMTPT FAFS
CLT CCT
Nicholas Chuba, PT, DPT
Referred by: Jonathan Riley, MD

08/30/18 ✓

Diagnosis: Cervical disc disorder with
myelopathy, unspecified cervical region
Wedge compression fracture of T11-T12
vertebra, subsequent encounter for fracture with
routine healing

Subjective

I feel really good today actually, trying to do more in sitting and standing at home. I've been taking the brace off more at home since they told me to start discontinuing it and starting slow during times when I'm not so active. I'll be calling a neurologist today, they're supposed to be getting me in soon.

Precautions

Relevant precautions/contraindications: Wedge fracture T11-T12 non surgical, HTN.

Medical History Questionnaire

The Medical History Questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file: Complete.

Patient Rights

The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.: Complete.

Medications

Medications: See attached list.

Imaging

Imaging: Results: T11-T12 compression fx maintaining.

Past Medical History:

Past Medical History: No significant history.

Past Surgical History:

Past Surgical History: Hysterectomy, wrist sx.

Onset

Date of Onset: February 2018. **Description:** Pt. reports slipping and falling on some black ice in February and landing on her back/tailbone, she does not remember if she hit her head. Pain started initially but not to the extent it is currently. After going to the hospital imaging found compression fx at T11-T12 and was placed in a thoracolumbar support brace for non-operative conservative care by surgeon and chiropractor. In June she began to note intermittent numbness, tingling and weakness into her left LE and UE that has consistently remained. Pt. will be obtaining results of imaging for therapist and is being scheduled to see a neurologist due to progressing condition. **Provocative Factors:** sitting, standing, lifting. **Alleviating Factors:** Laying down is most comfortable position. **Work Status:** Unemployed. **Past Treatments:** None.

Pain Rating

Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)
Verbal Pain Rating at Best	5 - Moderate Pain (4 - 6)
Verbal Pain Rating at Worst	10 - Worst Imaginable Pain

Lower Quarter Medical Screen

Saddle anesthesia, bladder/bowel dysfunction, sexual dysfunction:: Pt. denies symptoms.

General Health Screen

General Health Screen: Pt. denies recent infection, unexplained weight loss or fever/chills. Coughing, sneezing, laughing:: No change in pain. History of cancer:: Pt. denies history of cancer. MD appointment: Pt. reports that they last attended appointment with medical doctor on:

Objective

	Result	Note
Low Back Pain Scale		
Section 1- Pain intensity	5.The pain is severe and does not vary much.	
Section 4-Walking	4.I cannot walk more than 1/4 mile without increasing pain.	
Section 5-Sitting	3.Pain prevents me from sitting more than 1/2 hour.	
Section 6-Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	
Total Score	38 /50	
OPTIMAL (Functional Tool)		
Sitting	Able to do with much difficulty (4)	
Squatting	Able to do with moderate difficulty (3)	
Balancing	Able to do with moderate difficulty (3)	
Walking- short distances	Able to do with much difficulty (4)	
Reaching	Able to do with much difficulty (4)	
Carrying	Unable to do (5)	
Total Score	66 /110	

Gait

Abnormality: Slow Speed. Poor Balance.

	Result	Note
Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical R. Rotation AROM	55 degrees	painful
Lumbar Active ROM		
Lumbar Flexion	10 °	
Lumbar Extension	0 °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Flexibility		
L. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Neural Tension Tests		
L. Median Tension Test	Positive	
L. Radial Nerve Tension Test	Positive	
Palpation Tenderness Scale		
Tenderness	4 = Unable to Palpate	
Elbow Muscle Testing		
Triceps Strength	3- /5	
Wrist Muscle Testing		
Wrist Flexor Strength	3- /5	
Bilateral Lower Extremity	Left	Right
LE Myotome Testing (MMT)		
L2-3 (Hip Flexors)	3 /5	4 /5
L3-4 (Knee extensors)	3 /5	4+ /5
L4-5 (Ankle dorsiflexors)	3 /5	4+ /5

Assessment

Patient was able to perform about half the session standing and half the session in sitting which shows improved tolerance/endurance to more weightbearing positions with less pain. Only muscular soreness reported following the treatment session with minor pain compared to previously.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned activities.

Plan**Plan**

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities pm.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/ or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain Intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes without increasing pain.	4.I cannot stand for longer than 10 minutes without increasing pain.	0.I can stand as long as I want without pain.	11/8/18		
7: Total Score	38 /50	38 /50	0 /50	11/8/18		

8: Sitting	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10 °	90 °	11/8/18
24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation	55 degrees	55 degrees	90 degrees	11/8/18

Advanced Care Physical Therapy Appointments for Smith, Shaulene

Time	Status	Type	Case	Staff	Clinic	Signed
8/6/18 1:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advanced Care Wheatfield	<input type="checkbox"/>
9/4/18 1:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advanced Care Wheatfield	<input checked="" type="checkbox"/>
8/30/18 1:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advanced Care Wheatfield	<input checked="" type="checkbox"/>
8/28/18 1:30 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advanced Care Wheatfield	<input checked="" type="checkbox"/>
8/23/18 1:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Kimberly Attwood PT	Advanced Care Wheatfield	<input checked="" type="checkbox"/>
8/21/18 12:00 pm	Arrived	Daily Visit	Neck & Back/Wellcare	Nicholas Chuba PT	Advanced Care Wheatfield	<input checked="" type="checkbox"/>
8/16/18 5:00 pm	Arrived	Initial Eval	Neck & Back/Wellcare	Nicholas Chuba PT	Advanced Care Wheatfield	<input checked="" type="checkbox"/>

Chart Notes = 38 x .75 = 28.50

8 / 38

Lying Flat	Able to do with little difficulty (2)
Rolling over	Able to do with little difficulty (2)
Sitting	Able to do with much difficulty (4)
Squatting	Able to do with moderate difficulty (3)
Bending/stooping	Able to do with much difficulty (4)
Balancing	Able to do with moderate difficulty (3)
Kneeling	Able to do with moderate difficulty (3)
Standing	Able to do with much difficulty (4)
Walking- short distances	Able to do with much difficulty (4)
Walking- long distances	Unable to do (5)
Climbing stairs	Able to do with little difficulty (2)
Hopping	Able to do with little difficulty (2)
Jumping	Able to do with little difficulty (2)
Running	Unable to do (5)
Pushing	Able to do with little difficulty (2)
Pulling	Able to do with moderate difficulty (3)
Reaching	Able to do with much difficulty (4)
Grasping	Able to do with little difficulty (2)
Lifting	Unable to do (5)
Carrying	Unable to do (5)
Total Score	66 /110
Myotomes (C4-T1) All are 5/5 except:	
C4 (Shoulder shrug)	Significant weakness compared to relative side
C5 (Deltoid)	Significant weakness compared to relative side
C6 (Biceps, ECRL, ECRB)	Significant weakness compared to relative side
C7 (Tricep, FCR)	Significant weakness compared to relative side
C8 (APB)	Significant weakness compared to relative side

T1 (1st Dorsal interosseus)	Significant weakness compared to relative side	
Cervical Screen (Myotomes)		
C1-3 (Cervical Rotation)	Significant difference	
Sensory Screen: Nerve Root		
C5- Mid-deltoid	Abnormal	50% Left
C6- Radial aspect 2nd metacarpal	Abnormal	25% Left
C7- Dorsal aspect middle finger	Normal	
C8- Ulnar aspect 5th metacarpal	Abnormal	95% Left
T1- Medial forearm	Abnormal	50% Left
DTR		
Biceps brachii C5	Normal	
Brachioradialis C6	Normal	
Tricep C7	Normal	
C-T Special Tests		
Cervical Distraction	Positive; Symptoms are reduced	
ULTTA	Positive, symptoms reproduced/ relative difference >10 degrees elbow ext.	
LE Dermatome Testing		
L1-2 (Groin)	Equal bilaterally	
L2-3 (Anteromedial Thigh)	Diminished R	hypersensitive left
L4 (Medial lower leg)	Diminished L	50% left
L5 (Lat. lower leg, dorsum of foot)	Equal bilaterally	
S1 (Post. Lat. thigh/lower leg, lat. foot)	Diminished L	90% left
S2 (plantar surface of foot)	Equal bilaterally	
LE Reflexes		
L. Achilles Tendon Reflex (S1)	Normal (2+)	
L. Patellar Tendon Reflex (L4)	Diminished (1+)	
R. Patellar Tendon Reflex (L4) (Copy)	Normal (2+)	
R. Achilles Tendon Reflex (S1) (Copy)	Normal (2+)	
Posture and Alignment		
Trunk and Pelvis:	Excessive lumbar lordosis.	
Gait		
Abnormality:	Slow Speed. Poor Balance. Ambulation Aids: None.	
	<i>Result</i>	<i>Note</i>
Cervical Active ROM		
Cervical Extension AROM	27 degrees	
Cervical Flexion AROM	38 degrees	

Cervical L. Lateral Flexion AROM	55% degrees	
Cervical L. Rotation AROM	75 degrees	
Cervical R. Lateral Flexion AROM	45% degrees	painful
Cervical R. Rotation AROM	55 degrees	painful
Upper Cervical Motion		
Upper Cervical Flexion (Nod)	Limited	
Upper Cervical Rotation	Limited	
Thoracic AROM Percentage		
Thoracic Flexion	30%	
Thoracic Extension	5%	
Lumbar Active ROM		
Lumbar Flexion	10% °	
Lumbar Extension	0 °	
Lumbar Sidebending Right	35% °	
Lumbar Sidebending Left	25% °	
Lumbar Rotation Right	25% °	
Lumbar Rotation Left	75% °	
Upper Quarter Manual Assessment		
Physiological Side Glide (C2-7)	Limited due to pain	
Central Posterior to Anterior (CPA) Glide	Limited due to pain	
Unilateral Posterior-Anterior (UPA) Glide	Limited due to pain	
Flexibility		
L. Scalenes	Normal	
L. Sternocleidomastoid	Normal	
L. Upper Trap	Abnormal	
Pectoralis Minor	Abnormal	
Pectoralis Major	Abnormal	
R. Scalenes	Normal	
R. Sternocleidomastoid	Normal	
R. Upper Trap	Abnormal	
Sub-occipital	Abnormal	
Lev. Scap	Abnormal	
Leg Length Discrepancy		
Apparent Leg Length Discrepancy: No apparent difference.		
	<i>Result</i>	<i>Note</i>
Lumbar Segmental Mobility		
Lumbar Segmental Mobility	Hypomobile	
Neural Tension Tests		
L. Median Tension Test	Positive	
R. Median Tension Test	Negative	

L. Radial Nerve Tension Test	Positive
R. Radial Nerve Tension Test	Negative
L. Ulnar Nerve Tension Test	Negative
R. Ulnar Nerve Tension Test	Positive
Palpation Tenderness Scale	
Tenderness	4 = Unable to Palpate
Cervical Strength Testing	
Neck Extension	3 /5
Neck Flexion	3 /5
Neck L. Rotation	4- /5
Neck L. Side Bending	4- /5
Neck R. Rotation	3 /5
Neck R. Side Bending	3 /5
Elbow Muscle Testing	
Biceps Strength	3 /5
Triceps Strength	3- /5
Wrist Muscle Testing	
Wrist Extensor Strength	3 /5
Wrist Flexor Strength	3- /5
Functional Strength Testing	
Squat	Pt. exhibits limited gluteal/core activation during functional squat.
Bilateral Lower Extremity	
LE Myotome Testing (MMT)	
L2-3 (Hip Flexors)	3 /5 4 /5
L3-4 (Knee extensors)	3 /5 4+ /5
L4-5 (Ankle dorsiflexors)	3 /5 4+ /5
L5 (Great toe extensors)	3 /5 5 /5
S1 (Plantar Flexors)	3 /5 5 /5

Assessment

Unable to fully assess Cervical spine due to inability to palpate from level of pain. Asses further based on patient tolerance. Patient reported alleviation of headache following light manual traction. Repeated cases of nausea during entire evaluation, would like to assess Upper cervical instability to rule out any concerns there.

Assessment

Cervical Treatment Based Classification: Neck pain with mobility deficits. Probable cervical myelopathy. **Rehabilitation Potential:** Good with skilled physical therapy and implementation of comprehensive HEP. **Lower Quarter Problems:** Backache. Difficulty walking. Muscle weakness. Stiffness in Joint. **Low Back Diagnosis:** Lumbar strain/sprain. **Thoracic Diagnosis:** Compression fracture T11-T12.

Specific goal:

Primary goal of continued therapy: To achieve functional goal of: the above mentioned

activities.

Plan

Plan

Treatment Emphasis: Treatment emphasis focused on improving pain, ROM, strength and functional abilities. Treatment to consist of HEP education, therapeutic/stabilization exercise and manual therapy techniques. Utilize modalities prn.

Plan of Care

Frequency: 2-3 visits per week. **Duration:** 8-12 weeks. **Manual Therapy Techniques:** To reduce edema, muscle spasm/adhesion/trigger points. To decrease neural compression. To improve peripheral circulation & ROM. To increase m. relaxation and flexibility prior to exercise. Passive interventions utilized to facilitate progress in an active rehab program and to attain objective functional gains. **Stabilization Exercise:** Review and progress stabilization exercise program to improve motor control and enhance endurance during functional activities. To strengthen the spine in a neutral and anatomic position. **Therapeutic Exercise:** To improve cardiovascular fitness, decrease edema, improve muscle/connective tissue strength and integrity, improve bone density, to promote circulation and to enhance soft tissue healing. To improve muscle recruitment and range of motion. To promote normal movement patterns and enhance participation in functional activities. **Therapeutic Activities:** To use functional, dynamic tasks from everyday living to improve range of motion and strength. **Self Care/ Home Management:** For ADL training, safety and/or instruction in use of adaptive equipment. **Neuromuscular Re-education:** To re-educate movement, balance, coordination, kinesthetic sense, posture and/or proprioception for sitting and/or standing activities.

Treatment Plan Discussion

Plan of Care Discussion: Discussed plan of care, goals and prognosis with patient.

Goals

Item	Initial	Current	Goal	By Date	Progress	Achieved On
1: Verbal Pain Rating at Present	6 - Moderate Pain (4 - 6)	6 - Moderate Pain (4 - 6)	0 - No Pain	11/8/18		
2: Verbal Pain Rating at Worst	10 - Worst Imaginable Pain	10 - Worst Imaginable Pain	0 - No Pain	11/8/18		
3: Section 1- Pain intensity	5.The pain is severe and does not vary much.	5.The pain is severe and does not vary much.	0.The pain comes and goes and is very mild.	11/8/18		
4: Section 4- Walking	4.I cannot walk more than 1/4 mile without increasing pain.	4.I cannot walk more than 1/4 mile without increasing pain.	0.I have no pain on walking.	11/8/18		
5: Section 5- Sitting	3.Pain prevents me from sitting more than 1/2 hour.	3.Pain prevents me from sitting more than 1/2 hour.	0.I can sit in any chair as long as I like.	11/8/18		
6: Section 6- Standing	4.I cannot stand for longer than 10 minutes	4.I cannot stand for longer than 10 minutes	0.I can stand as long as I want without pain.	11/8/18		

	without increasing pain.	without increasing pain.		
7: Total Score	38 /50	38 /50	0 /50	11/8/18
8: Sitting	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
9: Squatting	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
10: Balancing	Able to do with moderate difficulty (3)	Able to do with moderate difficulty (3)	Able to do without any difficulty (1)	11/8/18
11: Walking-short distances	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
12: Reaching	Able to do with much difficulty (4)	Able to do with much difficulty (4)	Able to do without any difficulty (1)	11/8/18
13: Carrying	Unable to do (5)	Unable to do (5)	Able to do without any difficulty (1)	11/8/18
14: Total Score	66 /110	66 /110	22 /110	11/8/18
15: Abnormality	Slow Speed. Poor Balance.	Slow Speed. Poor Balance.	Normal gait	11/8/18
16: Tenderness	4 = Unable to Palpate	4 = Unable to Palpate	0 = No pain with Palpation	11/8/18
17: L. Median Tension Test	Positive	Positive	Negative	11/8/18
18: L. Radial Nerve Tension Test	Positive	Positive	Negative	11/8/18
19: L. Upper Trap	Abnormal	Abnormal	Normal	11/8/18
20: Sub-occipital	Abnormal	Abnormal	Normal	11/8/18
21: Physiologica I Side Glide (C2-7)	Limited due to pain	Limited due to pain	WFL	11/8/18
22: Lumbar Extension	0 °	0 °	30 °	11/8/18
23: Lumbar Flexion	10% °	10% °	90 °	11/8/18

24: Cervical Extension AROM	27 degrees	27 degrees	60 degrees	11/8/18
25: Cervical R. Rotation AROM	55 degrees	55 degrees	90 degrees	11/8/18
26: Wrist Flexor Strength	3- /5	3- /5	5 /5	11/8/18
27: Triceps Strength	3- /5	3- /5	5 /5	11/8/18
<i>Bilateral Lower Extremity</i>				
28: L2-3 (Hip Flexors)	3 /5	3 /5	5 /5	11/8/18
29: L4-5 (Ankle dorsiflexors)	3 /5	3 /5	5 /5	11/8/18
30: L3-4 (Knee extensors)	3 /5	3 /5	5 /5	11/8/18

Thank you for the opportunity of working with Shaulene.

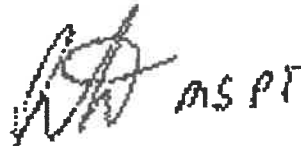
As always, please feel free to call us at (716) 282-2888 if you have any questions or concerns.

Respectfully yours,



Nicholas Chuba, PT, DPT

08/17/18 10:05 am



Craig Reinstein MSPT CMTPT FAFS
CLT CCT

08/17/18 3:30 pm



Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.DO

Demographic Documents

| LAB KEY: ^=Abnormal, C=Critical, i=Interp Data, m=Corrected, L=Low, H=High, R=Result Comments, O=Order Comments, T=Textual Result |

Printed: 03/02/2018 14:49

| @=Performed at, S=Susceptible, I = Intermediate, R=Resistant, N/A = Not Applicable|

Page 1 of 77

Patient Name: SMITH, SHAULENE N

169103478

Master Report Template

Kaleida Health Center for Laboratory Medicine Services 1540 Maria Blvd Amherst, NY 14221 Phone: (716) 581-3700 Fax: (716) 581-3058	Kaleida Health Corner Lee Laboratory Building 115 First Street Williamsville, NY 14221 Phone: (716) 626-3200 Fax: (716) 626-2361	Kaleida Health John R. Ochsner Children's Hospital Laboratory 812 Elbert Street Buffalo, NY 14203 Phone: (716) 323-2340 Fax: (716) 323-1370	Kaleida Health Eastcott Laboratory 445 Tremont Street P.O. Box 6750 Niagara Falls, NY 14201 Phone: (716) 690-2170 Fax: (716) 690-2334	Clinical Laboratories of the Buffalo General Hospital 100 High Street Buffalo, NY 14203 Phone: (716) 859-1887 Fax: (716) 859-3221	Niagara Falls Memorial Medical Center Dept. of Pathology 67 E 10th Street, PO Box 708 Niagara Falls, NY 14302 Phone: (716) 225-6337 Fax: (716) 225-4874
---	---	--	--	--	--



KALEIDA
HEALTH

- ☐ Buffalo General Hospital
☐ DeGraff Memorial Hospital
☐ Millard Fillmore Gates Circle Hospital
☐ Millard Fillmore Suburban Hospital
☐ Women & Children's Hospital of Buffalo
☐ Others:

Patient ID Area



SEX-F

DEGRAFF MEMORIAL

MEDICAL RECORD NO. 1003295790		PATIENT NUMBER 75213332		PATIENT NAME (LAST, FIRST, & MIDDLE) SMITH SHAULENE N						SVC AREA EMR		LOCATION QRS		ROOM NO BED	
STREET ADDRESS, CITY, STATE, ZIP CODE 655 OLIVER ST APT 2 N TONAWANDA,NY 14120								COUNTY 29	SOCIAL SECURITY NO. NOT DISPLAYED	BIRTHDATE 11/15/73	AGE 044Y				
SEX F	MAR STAT S	RACE U	RELIGION	ADMIT TYPE EMERGENCY	ADMIT PRIORITY EMERGENCY	ADMIT SOURCE NONHLT FAC	HIPAA Y	MODE OF ARRIVAL 1	ADMIT DATE 02/03/18	ADMIT TIME 09:45					
HEALTH CARE AGENT								LASLEP 001	ENGLISH				VIP		
PRIOR STAY LOCATION		PRIOR STAY DATES			HOME PHONE 716-310-6649		ALTERNATE PHONE 716-310-6649		HOSPICE INDICATOR N		ORGAN DONOR? N		VISIT TYPE E		
ATTENDING PHYSICIAN LYNCH JOSHUA J				REFERRING PHYSICIAN				ADMIT BY (LOGIN ID) INT		RECEIVED B.L. OF RIGHTS? YES					
PRIMARY CARE PROVIDER ROSS LYNNE S				STREET ADDRESS, CITY, STATE, ZIP CODE NORTH TONAWANDA				OFFICE PHONE 716-690-2001		OFFICE FAX 716-690-2239					
EMERGENCY CONTACT 1 ZARIA SMITH				REL CHILD	HOME PHONE 716-245-3204		WORK PHONE --	CELL PHONE --	PAGER NUMBER --						
EMERGENCY CONTACT 2				REL	HOME PHONE --		WORK PHONE --	CELL PHONE --	PAGER NUMBER --						
ADMITTING DIAGNOSIS (CODE & VERBIAGE) I						CHIEF COMPLAINT fall/ back pain									
LAST NAME, FIRST, MI SMITH, SHAULENE, N				STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTY 655 OLIVER ST APT 2 N TONAWANDA,NY 14120											
SOCIAL SECURITY NO. NOT DISPLAYED		TELEPHONE NUMBER 716-310-6649		RELATIONSHIP OF GUARANTOR SELF			EMPLOYER GOODWILL INDUSTRIES			EMPLOYER TELEPHONE NUMBER 716-854-3494					
COMMENTS: MH									SMOKING CESSATION INFORMATION PROVIDED TO PATIENT / CAREGIVER: YES						
INSURANCE CARRIER COMM HMOS MEDICAID		PLAN NAME HEALTHY CHOICE			CERTIFICATE/POLICY NO FT73655B			SECOND POLICY NUMBER FT73655B			EFFECTIVE DATE //				
INSURED NAME SHAULENE SMITH				DATE OF BIRTH 11/15/1973		REL TO PT 1	ACC (Y/N) N	DATE OF ACCIDENT		AUTHORIZATION NUMBER					
INSURANCE CARRIER		PLAN NAME SELF PAY			CERTIFICATE/POLICY NO			SECOND POLICY NUMBER			EFFECTIVE DATE				
INSURED NAME				DATE OF BIRTH 1		REL TO PT 1	ACC (Y/N)	DATE OF ACCIDENT		AUTHORIZATION NUMBER					
INSURANCE CARRIER		PLAN NAME			CERTIFICATE/POLICY NO			SECOND POLICY NUMBER			EFFECTIVE DATE				
INSURED NAME				DATE OF BIRTH		REL TO PT	ACC (Y/N)	DATE OF ACCIDENT		AUTHORIZATION NUMBER					
INSURANCE CARRIER		PLAN NAME			CERTIFICATE/POLICY NO			SECOND POLICY NUMBER			EFFECTIVE DATE				
INSURED NAME				DATE OF BIRTH		REL TO PT	ACC (Y/N)	DATE OF ACCIDENT		AUTHORIZATION NUMBER					
ISOLATION INDICATOR 1		ISOLATION INDICATOR 2		ISOLATION INDICATOR 3		ISOLATION INDICATOR 4		ISOLATION INDICATOR 5		ISOLATION INDICATOR 6					
PRINCIPAL DIAGNOSIS															
SECONDARY DIAGNOSIS															
PROCEDURES															
ATTENDING PHYSICIAN										DATE					

KH01161 Rev. 01/07/09

02/03/2018 09:58

**Medical Record Request***Med Rec Nbr:* **1003295790***Financial Nbr:* **75213332***Client Med Rec Nbr:* **4437***DOB:* **11/15/1973***Sex:* **Female***Adm:* **02/03/2018***Dsch:* **02/03/2018***UI Nbr:* **1003295790***Patient Name:* **SMITH, SHAULENE N***Organization:* **KH DEGRAFF***Patient Location:* **D-Emergency Rm***Physician:* **LYNCH, JOSHUA J.DO****Consents Documents**

* Auth (Verified) *

Kaleida Health

**CONSENT FOR TREATMENT AND
PAYMENT AGREEMENT 1 of 2**

☐ Entered into electronic record
downtime

date _____ time _____

initials _____

SMITH SHAULENE N
MR- 1003295790 PT- 75213332
DOB- 11/15/73 AGE- 044Y SEX- F
ATT- LYNCH JOSHUA J
PCP- ROSS LYNNE S
EC- EMR E ADM DT- 02/03/18
Patient ID Area DEGRAFF MEMORIAL

HI Claim Number: _____

AUTHORIZATION FOR CARE & TREATMENT I hereby agree that Kaleida Health may perform care and treatment, and may conduct such examinations, laboratory tests and procedures, administer such local anesthetics, medication and treatment, as may be directed by my physician or treating practitioner. I acknowledge that no guarantees have been made to me as to the effect of such examinations, tests, procedures or treatment of my condition.

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION I consent to the use and disclosure of my Protected Health Information by Kaleida Health for purposes of treatment, payment, and health care operations. For example, my attending physician or treating practitioner at Kaleida Health may furnish Protected Health Information maintained by Kaleida Health in the course of my care and treatment. Also, as Kaleida Health is a teaching hospital, I consent to the use and disclosure of my Protected Health Information (i) for training and educational purposes to faculty physicians, residents, and medical, dental, pharmacy, nursing or other students in health-related professions from local colleges and universities affiliated with Kaleida Health, and (ii) for review in preparation for possible research. Release of medical records and information will be made according to state and federal regulations. I understand that Kaleida Health may release medical information to any third party, including my employer, which may be responsible for payment of my hospital or medical expenses. (Release of medical information to employers is limited to those employers who are directly liable for the costs of the patient's health care benefits through and employer, self-insured group health plan or worker's compensation, or in other circumstances in which such disclosure is legally allowed). I understand that it may be necessary for a hospital treating practitioner to contact another treating provider or pharmacy to obtain complete medical history and/ or medicine dosage.

CONSENT TO RELEASE INFORMATION TO THE UNIVERSITY OF BUFFALO INSTITUTE FOR HEALTHCARE INFORMATICS (IHI)
I understand that my PHI will be released to a research database supervised by the University of Buffalo Institutional Review Board for use in future research. ☐ Restriction: I do not want my PHI released to IHI.

INSURANCE AUTHORIZATION: I understand that I am responsible for knowing the terms and conditions of my insurance coverage. I further understand that I may be responsible for obtaining prior authorization for certain services in order for my insurance company to pay for those services and I understand that I may be personally responsible for payment if I do not obtain any necessary prior authorization or my insurance benefits are denied, reduced, or terminated. (In accordance with federal law, the hospital will not deny or delay necessary care or treatment in the Emergency Department because of a person's inability to pay for such necessary emergency treatment.)

ASSIGNMENT OF BENEFITS, INSURANCE PROCEEDS, SETTLEMENTS If I am entitled to health care services under any insurance policy from any person or organization which may become liable to me to provide such benefits, I assign such benefits to the hospital and physicians employed by the hospital who render such services to me. I further authorize payment directly to Kaleida Health and such physicians of all such insurance benefits payable to me. Such insurance may include, but is not limited to, private commercial insurance, auto liability insurance, worker's compensation, programs such as Medicare and Medicaid, or other governmental sources. I certify that the information given regarding my insurance is accurate and current to the best of my knowledge. I further assign to Kaleida Health any payments for medical benefits payable to me as a result of any settlement or judgment in a lawsuit.

CERTIFICATION OF MEDICARE BENEFITS TO HOSPITAL AND/OR PHYSICIANS: (Applicable to Medicare beneficiaries only)
I hereby authorize Kaleida Health to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by Kaleida Health, including physician services. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim.

FINANCIAL AGREEMENT In consideration for services rendered by Kaleida Health and physicians employed by Kaleida Health, I guarantee prompt payment of all such services not paid by insurance carriers or third parties within thirty (30) days. I understand that any amounts not covered by my insurance carrier or other third party payor is my personal responsibility, and I agree to make payment for any such amounts. If Kaleida Health does not receive such payment within thirty (30) days from the date such balance is due, the bill may be turned over to an attorney or a collection agency and, if so, I agree to pay all reasonable collection costs including attorney's fees and/or collection fees in addition to the payment owed. I give the hospital the right to examine my consumer credit report for financial information relating to my responsibility to pay for medical services. I understand that, in most cases, my attending physician, emergency department physician, radiologist, anesthesiologist and other consultants and/or surgeons of Kaleida Health are independent practitioners, and not hospital employees. I will receive a separate bill from them for their services.



KH00287 Rev. 06/28/17

CONSENT

* Auth (Verified) *

Kaleida Health

CONSENT FOR TREATMENT AND
PAYMENT AGREEMENT 2 of 2

☐ Entered into electronic record
downtime
date _____ time _____
initials _____

SMITH SHAULENE N
MR- 1003295790 PT- 75213332
DOB- 11/15/73 AGE- 044Y SEX- F
ATT- LYNCH JOSHUA J
PCP- ROSS LYNNE S
FC- EMR E ADM DT- 02/03/18
Patient ID Area DEGRAFF MEMORIAL

NOTICES AND CUSTOMER COMMUNICATIONS You expressly consent to be contacted by Kaleida Health, its agents, assigns, debt collectors, or anyone calling on its behalf, for purposes relating to medical treatment or billing/payment, at any residential or cellular telephone number, or physical residential or electronic address (which may include a hospital/facility patient room) you provide herein. You agree that Kaleida Health, its agents, assigns, debt collectors, or anyone calling on its behalf may contact you (between the hours of 8:00 a.m. and 9:00 p.m.) at such number(s) and address(es), including by calls delivered by an automatic telephone dialing system and/or prerecorded or voice messages.

RELEASE OF LIABILITY FOR VALUABLES: I understand and agree that money, jewelry, and other valuables should not be brought into the hospital. I understand and agree that Kaleida Health shall not be liable for loss or damage to any personal property.

ADVANCED DIRECTIVES: I acknowledge that I received or had made available to me information on advance directives and a copy of "Your Patient Bill of Rights," prepared by New York State.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE: I acknowledge that I have received the Kaleida Health Notice of Privacy Practices.

PATIENT DIRECTORY I understand that I am automatically included in the hospital's Patient Directory, which allows Kaleida Health to relay my location and general condition if asked for by name and my religious affiliation to clergy without asking by name. If I do not want this information disclosed from the Patient Directory, I will indicate that by checking the box. ☐ Restriction: I do not want to be listed in the Patient Directory. I understand that, by checking this box, if family members, my clergy, neighbors, friends or others inquire about me while I am a patient, my presence here will not be disclosed, and any mail or flowers addressed to me will be returned.

DISCLOSURE TO FAMILY OR FRIENDS INVOLVED IN MY CARE: I understand that I may limit the disclosure of my health information to family members, other relatives or close personal friends by notifying a member of the staff assigned to care for me.

I have read all the above statements and accept the terms and conditions as stated.

Patient/Parent/Agent/Guardian Signature

2/3/18 10:30
Date Time

Witness Signature

2/3/18 10:30 AM
Date Time

Interpreter (If used) Signature

Date Time

Witness Signature

Date Time

TELEPHONE ACCEPTANCE OF TERMS & CONDITIONS

Person contacted: _____ Telephone Number: _____

Relationship to Patient: _____ Date of contact: _____ Time of contact: _____

Person contacted has stated his/her understanding and acceptance of terms and conditions on behalf of the patient.

Speaker Signature

Date Time

Witness Signature

Date Time

PHOTO IDENTIFICATION OBTAINED: ☐ YES ☒ NO

NOTE: If the individual signing is the Health Care Agent or Guardian(s), he/she must provide written documentation to authorize his/her legal authority to consent. A copy of the documentation must be placed in the patient's medical record.



KH00287 Rev. 06/28/17

CONSENT

* Auth (Verified) *

Kaleida Health

CONSENT FOR TREATMENT AND
PAYMENT AGREEMENT 2 of 2

NOTICES AND CUSTOMER COMMUNICATIONS You expressly consent to be contacted by Kaleida Health, its agents, assigns, debt collectors, or anyone calling on its behalf, for purposes relating to medical treatment or billing/payment, at any residential or cellular telephone number, or physical residential or electronic address (which may include a hospital/facility patient room) you provide herein. You agree that Kaleida Health, its agents, assigns, debt collectors, or anyone calling on its behalf may contact you (between the hours of 8:00 a.m. and 9:00 p.m.) at such number(s) and address(es), including by calls delivered by an automatic telephone dialing system and/or prerecorded or voice messages.

RELEASE OF LIABILITY FOR VALUABLES: I understand and agree that money, jewelry, and other valuables should not be brought into the hospital. I understand and agree that Kaleida Health shall not be liable for loss or damage to any personal property.

ADVANCED DIRECTIVES: I acknowledge that I received or had made available to me information on advance directives and a copy of "Your Patient Bill of Rights," prepared by New York State.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE: I acknowledge that I have received the Kaleida Health Notice of Privacy Practices.

PATIENT DIRECTORY I understand that I am automatically included in the hospital's Patient Directory, which allows Kaleida Health to relay my location and general condition if asked for by name and my religious affiliation to clergy without asking by name. If I do not want this information disclosed from the Patient Directory, I will indicate that by checking the box, ☐ Restriction: I do not want to be listed in the Patient Directory. I understand that, by checking this box, if family members, my clergy, neighbors, friends or others inquire about me while I am a patient, my presence here will not be disclosed, and any mail or flowers addressed to me will be returned.

DISCLOSURE TO FAMILY OR FRIENDS INVOLVED IN MY CARE: I understand that I may limit the disclosure of my health information to family members, other relatives or close personal friends by notifying a member of the staff assigned to care for me.

I have read all the above statements and accept the terms and conditions as stated.

Patient/Parent/Agent/Guardian Signature

Date

Time

Witness Signature

Date

Time

Interpreter (if used) Signature

Date

Time

Witness Signature

Date

Time

TELEPHONE ACCEPTANCE OF TERMS & CONDITIONS

Person contacted: _____ Telephone Number: _____

Relationship to Patient: _____ Date of contact: _____ Time of contact: _____

Person contacted has stated his/her understanding and acceptance of terms and conditions on behalf of the patient.

Speaker Signature

Date

Time

Witness Signature

Date

Time

PHOTO IDENTIFICATION OBTAINED: ☒ YES ☐ NO

NOTE: If the individual signing is the Health Care Agent or Guardian(s), he/she must provide written documentation to authorize his/her legal authority to consent. A copy of the documentation must be placed in the patient's medical record.



KH00287 Rev. 06/28/17

CONSENT

**Medical Record Request***Med Rec Nbr:* 1003295790*Financial Nbr:* 4012330*Client Med Rec Nbr:* 4437*DOB:* 11/15/1973*Sex:* Female*Adm:* 03/15/2018*UI Nbr:* 1003295790*Patient Name:* SMITH, SHAULENE N*Organization:* KH DEGRAFF*Patient Location:* D-Xray*Physician:* RILEY, JONATHAN P.M.D*Dsch:* 03/16/2018**Orders**

Patient Name: SMITH, SHAULENE N
Date of Birth: 11/15/1973

MRN: 1003295790
FIN: 4012330

* Transcribed *

03/15/18

UB NEUROSURGERY, INC
Patient Xray Order Requisition

Page 1

Smith, Shaulene N
655 OLIVER ST.
APT. 2
N TONAWANDA, NY 14120

PATIENT
H-Phone: (716)-310-6649 DOB : 11/15/1973
W-Phone: (716)- -
C-Phone: (716)-310-6649 Sex : F
Race : Unknown Chart: 030618AS
Account: 418036

Co#: 150 Policy#: FT73655B
WELLCARE - MCD PLAN
PO BOX 31372
TAMPA, FL 33631-3372

PRIMARY INSURANCE
Insured Name: SHAULENE N SMITH
DOB : 11/15/1973
Group Number:
Plan Name :
Expired Date: 00/00/00

FACILITY INFORMATION
Name : DEGRAFF MEMORIAL HOSPITAL - RADIOLOGY Phone: (716)-690-2250
445 TREMONT STREET Fax : (716)-690-2324

NORTH TONAWANDA, NY 14120

Status: Ordered
Doctor: Riley, Jonathan, MD
3980A SHERIDAN DRIVE
AMHERST, NY 14226-1727

X-RAY ORDER
Ordered : 03/15/18 9:43 am
Sched : 00/00/00
Acquired: 00/00/00
Req# : 235204
Phone : (716)-218-1000
Fax : (716)-650-2691

UPIN : NPI:1346483039
Id : 03-0445678

ORDER NOTES

PLEASE DO NOT LEAVE THE IMAGING FACILITY WITHOUT OBTAINING A DISK TO BRING TO OUR OFFICE. THANK YOU

CPT	Test Name	Priority	Acc#
72070	Xray, Thoracic, Ap/Lat	Routine	235204-1493333
Dx: S22.080A Wedge compression fracture of T11-T12 vertebra, init			

Ordering Provider's Signature:

Electronically signed by agent of provider: Jessica Kryszak on 03/15/18 at 9:44 am

* Transcribed *



SMITH SHAULENE N
MR- 1003295790 PT- 4012330
DOB- 11/15/73 AGE- 044Y SEX- F
PCP- ROSS LYNNE S
EC- RAD C ADM DT- 03/15/18

**Medical Record Request***Med Rec Nbr:* 1003295790*Financial Nbr:* 4012330*Client Med Rec Nbr:* 4437*DOB:* 11/15/1973*Sex:* Female*Adm:* 03/15/2018*Dsch:* 03/16/2018*UI Nbr:* 1003295790*Patient Name:* SMITH, SHAULENE N*Organization:* KH DEGRAFF*Patient Location:* D-Xray*Physician:* RILEY, JONATHAN P.MD**Radiology Records**

Patient Name: SMITH, SHAULENE N
Date of Birth: 11/15/1973

MRN: 1003295790
FIN: 4012330

* Auth (Verified) *

ACCESSION #: DX-18-0047461
SMITH, SHAULENE N
MR #: 1003295790
REQ FOR DATE: 03/15/2018
DeGraff Memorial Hospital
455 Tremont Street, North Tonawanda, New York 14120-0750

KALEIDA
H E A L T H
DEGRAFF MEMORIAL HOSPITAL
455 Tremont Street, North Tonawanda, New York 14120-0750

RADIOLOGY REQUISITION

PATIENT INFORMATION		MEDICAL REC #	PATIENT LOCATION	SEX	AGE	DOB.	PRIORITY
SMITH, SHAULENE N		1003295790	D-Xray	F	44 Y	11/15/1973	Routine
Order For	Time	PT TYPE	TRANS. MODE	O2	IV	ISO	
03/15/2018	10:21 am	Clinic	Ambulatory				
ORDERING PHYSICIAN		PHONE NUMBER	CONSULTING PHYSICIAN			PHONE NUMBER	
RILEY, JONATHAN P. MD		(716) 218-1000					
EXAM REQUESTED		PACS ID #	CLINICAL INDICATION			ICD CODES	
1 Spine thoracic- 2 views		7276789	wedge comp fx			Wedge comp	

COMMENTS / SPECIAL INSTRUCTIONS:

cmc

TECHNOLOGIST'S COMMENT:

fell 2/2/18
ER VISIT 2/3/18 - fracture of T12
pain radiates to @ side

LAST 5 EXAMS:

- 1.) CT Abd+Pel w IV contrast
- 2.) US Transvaginal
- 3.) MAM DIGITAL Scrn Bilat w or...
- 4.) CT Abd+Pel w IV contrast
- 5.) US Pelvic complete

02/03/2018
01/16/2018
01/16/2018
08/01/2017
09/22/2016

PAT. UID #: 1003295790

ISOLATION CODES:

LMP	NO POTENTIAL FOR PREGNANCY EXISTS	TECH INIT.
	X	

ALLERGIES

1 No Known Medication Allergies

DIABETES
No

LAB RESULTS

HCT/HBG	PLT	PT/PTT/INR	BUN	CRT	HOG
				0.64	

MEDICAL RECORD NUMBER
1003295790

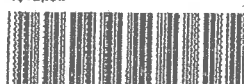
ACCESSION NO.
DX-18-0047461



TECHNOLOGIST NAME	8 x 10	10 x 12	11 x 14	14 x 17	14 x 36	7 x 17	OTHER	TOTAL FILMS
INJECTION TIME	CONTRAST / RADIOPHARM	NO. OF CC / mCi-uCi	INJECTED / CATHED BY					

PRELIMINARY RADIOLOGICAL INTERPRETATIONS:

Financial Number
4012330



Digital Dictation.



Entered by: CLINE, CHRISTINE M

ORIGINAL

Patient Name: SMITH, SHAULENE
Date of Birth: 11/15/1973

MRN: 1003295790
FIN: 4012330

* Auth (Verified) *

Kaleida Health
IMAGING SERVICES
PREGNANCY ATTESTATION

☐ Entered into electronic record after downtime

date _____ time _____

initials _____



SMITH SHAULENE N
MR 1003295790 PT 4012330
DOB 11/15/73 AGE 044Y SEX F
PCP ROSS LYNNE S
FC RAD C ADM DT 03/15/18

X Shaulene Smith attest and confirm that I am not currently pregnant and that to the best of my knowledge there is no possibility that I could be pregnant. I understand that if there is a possibility that I could be pregnant I must alert the health care providers and discuss that possibility with the physician performing my procedure. There may be risks associated with the care I am to receive in the event that I am pregnant.

My last menstrual period was (date) X Hysterectomy

3/15/18
Date

Time

X [Signature]
Patient Signature

☐ I am unsure if I am pregnant and request a pregnancy test be performed. If the test is positive my attending physician will discuss safe options for care.

Results of human chorionic gonadotropin (hCG) test performed _____ Date _____

☐ I acknowledge that I am pregnant. I understand the risks and benefits explained to me by the requesting physician and all of my questions have been answered to my satisfaction. I agree to have the Diagnostic Imaging examination requested.

☐ I understand that when possible the technologist will collimate (reduce) the area of x ray beam to the area being examined, shield me by placing a piece of lead over the fetal area and limit the number of routine films and/or views taken for examination in order to reduce the potential dose of radiation to the fetus.

Exam to be performed _____

Date _____ Time _____ Physician Signature _____

Date _____ Time _____ Patient Signature _____

Date _____ Time _____ Parent/Guardian Signature _____

Date _____ Time _____ Witness Signature _____

Witness Print Name _____



KH01300-001 Rev 07/29/11

CONSENT

Patient Name: SMITH, SHAULENE N
Date of Birth: 11/15/1973

MRN: 1003295790
FIN: 4012330

* Auth (Verified) *

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 4012330

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 03/15/2018

Dsch: 03/16/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Xray

Physician: RILEY, JONATHAN P.MD

General Diagnostic Radiology

EXAM	EXAM DATE/TIME	ACCESSION NUMBER	ORDERING DOCTOR
Spine thoracic- 2 views	03/15/2018 10:59	DX-18-0047461	RILEY, JONATHAN P.MD

REASON FOR EXAM

(Spine thoracic- 2 views) wedge comp fx

Findings

INDICATION: Follow-up of fracture of T12 seen on the CT examination of 2/3/2018.

FINDINGS:

AP and lateral views of the thoracic spine , AP view of the cervicothoracic junction and a lateral view the thoracolumbar junction demonstrate normal curvature.

Mild compression of the superior endplate of T12 is seen.

No retrolisthesis is seen.

Mild disc space narrowing of T11-T12 is seen.

The remainder the thoracic vertebrae are normal in height.

IMPRESSION:

Mild compression of the superior endplate of T12 is seen.

No significant change is seen from the CT examination of 2/3/2018.

The remainder the thoracic vertebrae appear normal in height and alignment.

READ BY.....: MAKHIJA, JASBEER S. MD

DICTATED: 03/15/2018 12:16 pm

TRANSCRIBED BY.....: 03/15/2018 12:16 pm JSM

SIGNED 03/15/2018 12:19 pm

ELECTRONICALLY BY.: MAKHIJA, JASBEER S. MD

*A Kaleida Health dictation system was used to prepare this Imaging report.**Although each report is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur.**Please contact the Radiology department if there are questions about contents of this report.*



Med Rec Nbr: 1003295790

UI Nbr: 1003295790

Financial Nbr: 4012330

Patient Name: SMITH, SHAULENE N

Client Med Reg Nbr: 4437

Organization: KH DEGRAFF

DOB: 11/15/1973

Patient Location: D-Xray

Sex: Female

Physician: RILEY, JONATHAN P.MD

Medical Record Request

Adm: 03/15/2018

Dschr: 03/16/2018

Past Medical History

Problem Name: Anemia

Status: Active

Age at Onset: 18 years; Onset Date: 1991; Age at Resolved: ; Resolved Date: ; Responsible Provider:

C: 09/19/2016 10:03 ; CRONIN, LINDA J.; hospitalized at age 18, dx'ed as iron deficient anemia

Problem Name: Polycystic ovarian syndrome

Status: Resolved

Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 20 years; Onset Date: 03/27/1994; Age at Resolved: Unknown 21 years; Resolved Date: Unknown 1995; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 22 years; Onset Date: 10/23/1996; Age at Resolved: Unknown 23 years; Resolved Date: Unknown 1997; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 33 years; Onset Date: 03/27/2007; Age at Resolved: Unknown 34 years; Resolved Date: Unknown 2008; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 34 years; Onset Date: 03/27/2008; Age at Resolved: Unknown 35 years; Resolved Date: Unknown 2009; Responsible Provider:



Med Rec Nbr: 1003295790

Financial Nbr: 4012330

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 03/15/2018

Dsch: 03/16/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Xray

Physician: RILEY, JONATHAN P, MD

Medical Record Request

Family History

Last Update: 09/19/2016 09:56 by CRONIN, LINDA J.

<u>Mother: Alive</u>				
Condition		Age of Onset	Life Cycle	Severity
Hypertension	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

<u>Sister: Alive</u>				
Condition		Age of Onset	Life Cycle	Severity
Breast cancer ^{C1}	Positive			
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

C1: 09/19/2016 09:56 ; CRONIN, LINDA J.; dx'ed age 30, deceased

<u>Sister: Alive</u>				
Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
Ovarian cancer	Negative			
Thyroid disease	Negative			

<u>Brother: Alive</u>				
Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

<u>Brother: Alive</u>				
Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
Ovarian cancer	Negative			
Thyroid disease	Negative			

<u>Cousin: Alive</u>				
Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

<u>Father: Alive</u>				
Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

<u>Mat Grandfather: Alive</u>				
Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			



Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 4012330

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 03/15/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Xray

Physician: RILEY, JONATHAN P.MD

Dsch: 03/16/2018

Family History

Mat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
Ovarian cancer	Negative			
Thyroid disease	Negative			

Mat Grandmother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Nephew: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Niece: Alive

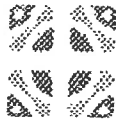
Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Pat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Pat Grandmother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 4012330

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 03/15/2018

Dsch: 03/16/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Xray

Physician: RILEY, JONATHAN P, MD

Allergy**Substance: No Known Medication Allergies**

<u>Recorded Date/Time</u>	<u>Recorded By</u>	
09/19/2016 09:50	CRONIN, LINDA J.	Reaction Status: Active; Allergy Type: Allergy; Category Drug; Reviewed Date/Time: 02/03/2018 10:09 ; Reviewed By: LYNCH, JOSHUA J, DO



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 4012330
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 03/15/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Xray
 Physician: RILEY, JONATHAN P.MD
 Dsch: 03/16/2018

Problem List

Problem Name: Anemia

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date: 09/19/2016
 Responsible Provider:

Problem Name: Obesity

Last Updated: 09/19/2016
 Last Reviewed: 09/19/2016

Status Date: 09/19/2016
 Responsible Provider:

Problem Name: Polycystic ovarian syndrome

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date: 09/19/2016
 Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date:
 Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date:
 Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date:
 Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date:
 Responsible Provider:

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 4012330
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 03/15/2018

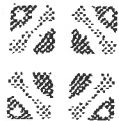
UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Xray
 Physician: RILEY, JONATHAN P.MD

Dsch: 03/16/2018

Procedures-Surgical History

<u>Procedure: Laparoscopy</u>		
Last Updated: 09/19/2016	Status: Active	
Location:		
Provider:	Last Reviewed: 02/03/2018	Related Diagnosis:

C: 09/19/2016 09:54 ; CRONIN, LINDA J.; exploratory, for abdominal pain, nothing found

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 4012330
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 03/15/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Xray
 Physician: RILEY, JONATHAN P.MD
 Dsch: 03/16/2018

Orders**Radiology****Order: Spine thoracic-2 views**

Order Date/Time: 03/15/2018 10:21

Department Status: Completed

Catalog Type: Radiology

Activity Type: Radiology

End-state Date/Time: 03/15/2018 12:20

End-state Reason:

Ordering Physician: RILEY, JONATHAN P.MD

Consulting Physician:

Entered & Electronically Signed By: CLINE, CHRISTINE M on 03/15/2018 10:21

Order Details: Routine, 3/15/18 10:21:00 AM EDT, wedge comp fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, cmc, CMB579

Order Comment:

Action Type: Complete

Action Date/Time: 03/15/2018 12:20

Action Personnel: MAKHIJA, JASBEER S.MD

Order Details: Routine, 03/15/18 10:21:00, wedge comp fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, cmc, CMB579

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 03/15/2018 10:59

Action Personnel: LAROSE, VANESSA J
 Radiology Technologist

Order Details: Routine, 03/15/18 10:21:00, wedge comp fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, cmc, CMB579

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 03/15/2018 10:21

Action Personnel: CLINE, CHRISTINE M

Order Details: Routine, 03/15/18 10:21:00, wedge comp fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, cmc, CMB579

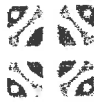
Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

DEGRAFF HOSPITAL



Kaleida Health

Degraff Memorial Hospital
445 Tremont Street
North Tonawanda, New York 14120
(716) 694-4500

Emergency Department Discharge Instructions

Name SMITH, SHAULENE N

DOB 11/15/1973

Date/Time 2/3/2018 15:12:00

MR# 1003295790

Acct# 75213332

Visit Date/Time: 2/03/2018 9:44 AM

Diagnosis: T12 compression fracture

PCP: ROSS, LYNNE S. MD

ED Provider: LYNCH, JOSHUA J. DO

Instructions prepared by: LYNCH, JOSHUA J. DO

Kaleida Health would like to thank you for allowing us to assist you with your healthcare needs. **It is IMPORTANT to see your DOCTOR or PRIMARY CARE PROVIDER.** Emergency Care may be incomplete without proper follow-up. If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. **Please remember to take these instructions to your next doctor's appointment.**

Follow-up Instructions:

VITALS INFORMATION

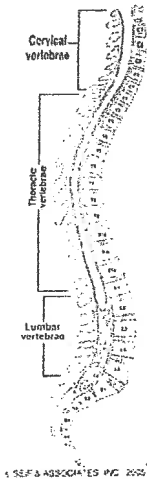
Vital Sign	Triage	Latest
Pulse Rate, Peripheral	64 bpm	70 bpm
Respiratory Rate	18 BR/min	16 BR/min
Blood Pressure	140 mmHg /98 mmHg	142 mmHg /91 mmHg
Temperature Oral	36.9 degC	36.6 degC
Temperature Rectal		
Temperature Axillary		
Temperature Temporal		

Patient Name SMITH, SHAULENE N
FIN # 75213332

1 of 8
MRN 1003295790

Vertebral Fracture

You have a fracture of one or more vertebra. These are the bony parts that form the spine. Minor vertebral fractures happen when people fall. Osteoporosis is associated with many of these fractures. Hospital care may not be necessary for minor compression fractures that are stable. However, multiple fractures of the spine or unstable injuries can cause severe pain and even damage the spinal cord. A spinal cord injury may cause paralysis, numbness, or loss of normal bowel and bladder control.



Normally there is pain and stiffness in the back for 3 to 6 weeks after a vertebral fracture. Bed rest for several days, pain medicine, and a slow return to activity is often the only treatment that is needed depending on the location of the fracture. Neck and back braces may be helpful in reducing pain and increasing mobility. When your pain allows, you should begin walking or swimming to help maintain your endurance. Exercises to improve motion and to strengthen the back may also be useful after the initial pain improves. Treatment for osteoporosis may be essential for full recovery. This will help reduce your risk of vertebral fractures with a future fall.

During the first few days after a spine fracture you may feel nauseated or vomit. If this is severe, hospital care with IV fluids will be needed.

Arrange for follow-up care as recommended to assure proper long-term care and prevention of further spine injury.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have increasing pain, vomiting, or are unable to move around at all.
- You develop numbness, tingling, weakness, or paralysis of any part of your body.
- You develop a loss of normal bowel or bladder control.
- You have difficulty breathing, cough, fever, chest or abdominal pain.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 01/25/2006 Document Revised: 03/11/2013 Document Reviewed: 08/10/2010
ExitCare® Patient Information ©2015 ExitCare, LLC.

* Auth (Verified) *

Kaleida Health

CONSENT FOR TREATMENT AND
PAYMENT AGREEMENT 2 of 2

Entered into electronic record
downtime

date time

initials

SMITH SHAULENE N
MR: 1003295790 PT: 75617428
DOB: 11/15/73 AGE: 044Y SEX: F
ATT: REFERRING DOC
PCP: ROSS LYNNE S
FC: RAD G ADM DT: 08/08/18
Patient ID Area MILLARD FILLMORE SUBURBAN

NOTICES AND CUSTOMER COMMUNICATIONS You expressly consent to be contacted by Kaleida Health, its agents, assigns, debt collectors, or anyone calling on its behalf, for purposes relating to medical treatment or billing/payment, at any residential or cellular telephone number, or physical residential or electronic address (which may include a hospital/facility patient room) you provide herein. You agree that Kaleida Health, its agents, assigns, debt collectors, or anyone calling on its behalf may contact you (between the hours of 8:00 a.m. and 9:00 p.m.) at such number(s) and address(es), including by calls delivered by an automatic telephone dialing system and/or prerecorded or voice messages.

RELEASE OF LIABILITY FOR VALUABLES: I understand and agree that money, jewelry, and other valuables should not be brought into the hospital. I understand and agree that Kaleida Health shall not be liable for loss or damage to any personal property.

ADVANCED DIRECTIVES: I acknowledge that I received or had made available to me information on advance directives and a copy of "Your Patient Bill of Rights," prepared by New York State.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICE: I acknowledge that I have received the Kaleida Health Notice of Privacy Practices.

PATIENT DIRECTORY I understand that I am automatically included in the hospital's Patient Directory, which allows Kaleida Health to relay my location and general condition if asked for by name and my religious affiliation to clergy without asking by name. If I do not want this information disclosed from the Patient Directory, I will indicate that by checking the box. ☐ Restriction: I do not want to be listed in the Patient Directory. I understand that, by checking this box, if family members, my clergy, neighbors, friends or others inquire about me while I am a patient, my presence here will not be disclosed, and any mail or flowers addressed to me will be returned.

DISCLOSURE TO FAMILY OR FRIENDS INVOLVED IN MY CARE: I understand that I may limit the disclosure of my health information to family members, other relatives or close personal friends by notifying a member of the staff assigned to care for me.

I have read all the above statements and accept the terms and conditions as stated.

Patient/Parent/Agent/Guardian Signature

Date

Time

Witness Signature

Date

Time

Interpreter (if used) Signature

Date

Time

Witness Signature

Date

Time

TELEPHONE ACCEPTANCE OF TERMS & CONDITIONS

Person contacted: Telephone Number:

Relationship to Patient: Date of contact: Time of contact:

Person contacted has stated his/her understanding and acceptance of terms and conditions on behalf of the patient.

Speaker Signature

Date

Time

Witness Signature

Date

Time

PHOTO IDENTIFICATION OBTAINED: ☐ YES ☐ NO

NOTE: If the individual signing is the Health Care Agent or Guardian(s), he/she must provide written documentation to authorize his/her legal authority to consent. A copy of the documentation must be placed in the patient's medical record.



KH03287 Rev. 06/28/17

CONSENT

Temperature		
Intravascular		
Weight	67.59 kg	67.59 kg

With:**Address:****When:**

UB Neuro Surgery 218-1000

With:**Address:****When:**

University Ortho 204-3200

With:**Address:****When:**

LYNNE ROSS

LYNNE ROSS, MD, PC, 43
 NIAGARA STREET NORTH
 TONAWANDA, NY 14120
 (716) 690-2001 Business (1)

Medication Information:

Allergy Info:

No Known Medication Allergies

Immunizations:

None given this visit

Below is a Complete list of your medications

oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

Medication Comments:

Additional Comments:

DISCHARGE INSTRUCTIONS

Order Name Order Details

TEST RESULTS

PENDING LABORATORY RESULTS:

None

PENDING RADIOLOGY RESULTS:

None

Laboratory or Other Results This Visit (last charted value for your 02/03/2018 visit)

GENERAL LABORATORY

02/03/2018 10:23 AM

Albumin Level: 3.8 g/dL -- Normal range between (3.5 and 5.0)

Alkaline Phosphatase: 72 unit/L -- Normal range between (30 and 140)

ALT: 11 unit/L -- Normal range between (5 and 50)

Anion Gap: 7 mmol/L -- Normal range between (5 and 15)

AST: 15 unit/L -- Normal range between (5 and 50)

Baso Abs: 0.0 x10⁹/L

Basophils: 0.7 %

Bilirubin: 0.6 mg/dL -- Normal range between (0.2 and 1.2)

BUN: 8 mg/dL -- Normal range between (5 and 25)

Calcium Level: 10.1 mg/dL -- Normal range between (8.5 and 10.5)

Carbon Dioxide: 25 mmol/L -- Normal range between (20 and 32)

Chloride: 105 mmol/L -- Normal range between (96 and 110)

Eos Abs: 0.2 x10⁹/L

Eos: 3.2 %

MCH: 26.7 pg -- Normal range between (28.0 and 34.0)

Explanation of your Complete Medication List (if you are not on any medications, below will be blank)

CHANGES: Medications with changes in dosing

**CYS/pharmacy #0589, 955 PAYNE AVE MID-CITY PLAZA NORTH TONAWANDA, NY
14120, (716) 693 - 1091**

Start Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

Stop Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours.

MCHC: 32.8 g/dL -- Normal range between (32.0 and 36.0)
MCV: 81.4 fL -- Normal range between (78.0 and 100.0)
RDW: 13.4 % -- Normal range between (11.5 and 14.0)
RBC: 4.31 x10¹²/L -- Normal range between (4.20 and 5.40)
Hct: 35.1 % -- Normal range between (37.0 and 47.0)
Hgb: 11.5 g/dL -- Normal range between (12.0 and 16.0)
WBC: 6.0 x10⁹/L -- Normal range between (4.0 and 10.5)
Lipase Level: 39 unit/L -- Normal range between (7 and 78)
Lymp Abs: 1.9 x10⁹/L -- Normal range between (1.5 and 3.5)
Lymph: 32.1 % -- Normal range between (20.0 and 48.0)
Mono Abs: 0.4 x10⁹/L
Mono: 7.2 %
Neut Abs: 3.4 x10⁹/L -- Normal range between (1.5 and 6.6)
Platelet: 257 x10⁹/L -- Normal range between (150 and 450)
Protein: 7.1 g/dL -- Normal range between (6.0 and 8.0)
Creatinine: 0.64 mg/dL -- Normal range between (0.40 and 1.40)
Glucose Level: 90 mg/dL -- Normal range between (60 and 100)
MPV: 9.8 fL -- Normal range between (9.0 and 12.0)
Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.3)
Sodium Level: 137 mmol/L -- Normal range between (135 and 145)
GFR: >60 mL/min/1.73 m²
GFR AfrAmer: >60 mL/min/1.73 m²
Neutrophils: 56.6 % -- Normal range between (38.0 and 77.0)

ADDITIONAL LABORATORY AND/OR OTHER DIAGNOSTIC TEST RESULTS MAY BE AVAILABLE. PLEASE FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER.

Katrina Health 540 Maple Road Amherst, NY 14221 Phone: (716) 549-3700 Fax: (716) 549-3035	Katrina Health 15, Flint Road Willsboro, NY 14221 Phone: (716) 682-7200 Fax: (716) 682-2361	Katrina Health 345 Tremont Street Buffalo, NY 14203 Phone: (716) 328-2040 Fax: (716) 328-1370	Katrina Health 445 Tremont Street Buffalo, NY 14203 Phone: (716) 682-2335 Fax: (716) 682-2335	Katrina Health 100 High Street Buffalo, NY 14203 Phone: (716) 859-1987 Fax: (716) 859-3221	Katrina Health 421 10th Street, PO Box 701 Niagara Falls, NY 14302 Phone: (716) 278-4337 Fax: (716) 278-4676
--	--	--	--	---	---

Patient Name: SMITH, SHAULENE N

185060156

Master Report Template

LAB KEY: A=Abnormal, C=Critical, I=Interp Data, m=Corrected, L=Low, H=High, R=Result Comments, O=Order Comments, T=Textual Result |
 Printed: 08/23/2018 16:54 | @=Performed at, S=Susceptible, I = Intermediate, R=Resistant, N/A = Not Applicable | Page 1 of 21

Consents Documents

Medical Record Request



Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018
 Disch: 08/09/2018
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P MD
 UI Nbr: 1003295790

* Auth (Verified) *



Kaleida Health

DOWNTIME	<input type="checkbox"/> Entered into electronic record downtime
	date _____ time _____
	initials _____

SMITH SHAULENE N
MR: 1003295790 PT: 75617428
DOB: 11/15/73 AGE: 044Y SEX: F
ATT: REFERRING DOC
PCP: ROSS LYNNE S
FC: RAD G ADM DT: 08/08/18
Patient ID Area: MILLARD FILLMORE SUBURBAN

**CONSENT FOR TREATMENT AND
PAYMENT AGREEMENT 1 of 2**

HI Claim Number: _____

AUTHORIZATION FOR CARE & TREATMENT I hereby agree that Kaleida Health may perform care and treatment, and may conduct such examinations, laboratory tests and procedures, administer such local anesthetics, medication and treatment, as may be directed by my physician or treating practitioner. I acknowledge that no guarantees have been made to me as to the effect of such examinations, tests, procedures or treatment of my condition.

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION I consent to the use and disclosure of my Protected Health Information by Kaleida Health for purposes of treatment, payment, and health care operations. For example, my attending physician or treating practitioner at Kaleida Health may furnish Protected Health Information maintained by Kaleida Health in the course of my care and treatment. Also, as Kaleida Health is a teaching hospital, I consent to the use and disclosure of my Protected Health Information (i) for training and educational purposes to faculty physicians, residents, and medical, dental, pharmacy, nursing or other students in health-related professions from local colleges and universities affiliated with Kaleida Health, and (ii) for review in preparation for possible research. Release of medical records and information will be made according to state and federal regulations. I understand that Kaleida Health may release medical information to any third party, including my employer, which may be responsible for payment of my hospital or medical expenses. (Release of medical information to employers is limited to those employers who are directly liable for the costs of the patient's health care benefits through and employer, self-insured group health plan or worker's compensation, or in other circumstances in which such disclosure is legally allowed). I understand that it may be necessary for a hospital treating practitioner to contact another treating provider or pharmacy to obtain complete medical history and/or medication dosage.

CONSENT TO RELEASE INFORMATION TO THE UNIVERSITY OF BUFFALO INSTITUTE FOR HEALTHCARE INFORMATICS (IHI)
I understand that my PHI will be released to a research database supervised by the University of Buffalo Institutional Review Board for use in future research. ☐ Restriction: I do not want my PHI released to IHI.

INSURANCE AUTHORIZATION: I understand that I am responsible for knowing the terms and conditions of my insurance coverage. I further understand that I may be responsible for obtaining prior authorization for certain services in order for my insurance company to pay for those services and I understand that I may be personally responsible for payment if I do not obtain any necessary prior authorization or my insurance benefits are denied, reduced, or terminated. (In accordance with federal law, the hospital will not deny or delay necessary care or treatment in the Emergency Department because of a person's inability to pay for such necessary emergency treatment.)

ASSIGNMENT OF BENEFITS, INSURANCE PROCEEDS, SETTLEMENTS If I am entitled to health care services under any insurance policy from any person or organization which may become liable to me to provide such benefits, I assign such benefits to the hospital and physicians employed by the hospital who render such services to me. I further authorize payment directly to Kaleida Health and such physicians of all such insurance benefits payable to me. Such insurance may include, but is not limited to, private commercial insurance, auto liability insurance, worker's compensation, programs such as Medicare and Medicaid, or other governmental sources. I certify that the information given regarding my insurance is accurate and current to the best of my knowledge. I further assign to Kaleida Health any payments for medical benefits payable to me as a result of any settlement or judgment in a lawsuit.

CERTIFICATION OF MEDICARE BENEFITS TO HOSPITAL AND/OR PHYSICIANS: (Applicable to Medicare beneficiaries only)
I hereby authorize Kaleida Health to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by Kaleida Health, including physician services. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim.

FINANCIAL AGREEMENT In consideration for services rendered by Kaleida Health and physicians employed by Kaleida Health, I guarantee prompt payment of all such services not paid by insurance carriers or third parties within thirty (30) days. I understand that any amounts not covered by my insurance carrier or other third party payor is my personal responsibility, and I agree to make payment for any such amounts. If Kaleida Health does not receive such payment within thirty (30) days from the date such balance is due, the bill may be turned over to an attorney or a collection agency and, if so, I agree to pay all reasonable collection costs including attorney's fees and/or collection fees in addition to the payment owed. I give the hospital the right to examine my consumer credit report for financial information relating to my responsibility to pay for medical services. I understand that, in most cases, my attending physician, emergency department physician, radiologist, anesthesiologist and other consultants and/or surgeons of Kaleida Health are independent practitioners, and not hospital employees. I will receive a separate bill from them for their services.



KH00297 Rev. 06/28/17

CONSENT

**Medical Record Request***Med Rec Nbr:* 1003295790*Financial Nbr:* 75617428*Client Med Rec Nbr:* 4437*DOB:* 11/15/1973*Sex:* Female*Adm:* 08/08/2018*UI Nbr:* 1003295790*Patient Name:* SMITH, SHAULENE N*Organization:* KH SUBURBAN*Patient Location:* A-MRI Service*Physician:* RILEY, JONATHAN P.M.D*Dsch:* 08/09/2018**Orders**

* Transcribed *

08/01/18 01:00 PM UB Neurosurgery Fax# (716)-577-4038

Page 3 of 3 #00510

08/01/18

UB NEUROSURGERY, INC
Patient Xray Order Requisition

Page 1

Smith, Shaulene N
655 OLIVER ST.
APT. 2
N TONAWANDA, NY 14120

PATIENT

H-Phone: (716)-310-6649 DOB : 11/15/1973
W-Phone: (716)-
C-Phone: (716)-310-6649 Sex : F
Race : Black / African America Chart: 070516NS
Account: 418036

PRIMARY INSURANCE

Co#: 150 Policy#: FT73655B
WELLCARE - MCD PLAN
PO BOX 31372
TAMPA, FL 33631-3372

Insured Name: SHAULENE N SMITH
DOB : 11/15/1973
Group Number:
Plan Name :
Expired Date: 00/00/00

FACILITY INFORMATION

Name : MILLARD FILLMORE SUBURBAN - RADIOLOGY
1540 MAPLE ROAD

Phone: (716)-568-6400
Fax : (716)-568-3014

WILLIAMSVILLE NY 14221

X-RAY ORDER

Status: Ordered
Doctor: Riley, Jonathan, MD
3980A SHERIDAN DRIVE
AMHERST, NY 14226-1727

Ordered : 07/12/18 1:19 pm
Sched : 00/00/00
Acquired: 00/00/00
Req# : 246446
Phone : (716)-218-1000
Fax : (716)-650-2691

UPIN : NPI:1346483039
Id : 03-0445678

ORDER NOTES

PLEASE DO NOT LEAVE THE IMAGING FACILITY WITHOUT OBTAINING A DISK TO BRING TO OUR OFFICE. THANK YOU

Authorization Number: A108507658
Case Number: 1101041326
Health Plan Auth Number: 125274846
Status: Approved
Approval Date: 7/25/2018 12:00:00 AM
Service Code: 72141

Service Description: MRI CERVICAL SPINE W/O CONTRAS
Site Name: DEGRAFF MEMORIAL HOSPITAL
Expiration Date: 9/8/2018

CPT Test Name
72141 MRI, Cervical Spine, W/O Contrast
Dx: M54.2 Cervicalgia

Priority Acc#
Routine 246446-1493345

SMITH SHAULENE N
MR. 1003295790 PT. 75617428
DOB: 11/15/73 AGE: 044Y SEX: F
PCP: ROSS LYNNE S
FC RAD G ADM DT: 08/08/18

Ordering Provider's Signature:

Electronically signed by agent of provider: Jessica Kryszak on 07/12/18 at 1:20 pm

* Transcribed *

08/01/18 01:00 PM UB Neurosurgery Fax# (716)-577-4038 Page 2 of 3 #80510 DE

08/01/18

UB NEUROSURGERY, INC
Patient Xray Order Requisition

Page 1

Smith, Shaulene N
555 OLIVER ST.
APT. 2
N TONAWANDA, NY 14120

PATIENT

H-Phone: (716)-310-6649 DOB :11/15/1973
W-Phone: (716)-
C-Phone: (716)-310-6649 Sex :F
Race :Black / African America Chart:070518NS
Account:418035

PRIMARY INSURANCE

CO#: 150 Policy#: FT736558
WELLCARE - MCD PLAN
PO BOX 31372
TAMPA, FL 33631-3372

Insured Name: SHAULENE N SMITH
DOB : 11/15/1973
Group Number:
Plan Name :
Expired Date: 00/00/00

FACILITY INFORMATION

Name :MILLARD FILLMORE SUBURBAN - RADIOLOGY
1540 MAPLE ROAD

Phone:(716)-568-5400
Fax :(716)-568-3014

WILLIAMSVILLE NY 14221

X-RAY ORDER

Status:Ordered
Doctor:Riley, Jonathan, MD
3960A SHERIDAN DRIVE
AMHERST, NY 14226-1727

Ordered :07/12/18 1:19 pm
Sched :00/00/00
Acquired:00/00/00
Req# :246445
Phone : (716)-218-1000
Fax : (716)-650-2591

UPIN : NPI:1346483039
Id :03-0445678

ORDER NOTES

PLEASE DO NOT LEAVE THE IMAGING FACILITY WITHOUT OBTAINING A DISK TO BRING TO OUR OFFICE. THANK YOU

Authorization Number: A108507844
Case Number: 1101841514
Health Plan Auth Number: 125274891
Status: Approved
Approval Date: 7/25/2018 12:00:00 AM
Service Code: 72146

Service Description: MRI THORACIC SPINE W/O CONTRAS
Site Name: DEGRAFF MEMORIAL HOSPITAL
Expiration Date: 9/8/2018

CPT	Test Name	Priority	Acc#
72146	MRI, Thoracic spine w/o cont	Routine	246445-1493345
Ex: S22.080A	Wedge compression fracture of T11-T12 vertebra, init		



SMITH SHAULENE N
MR- 1003295790 PT- 75617428
DOB- 11/15/73 AGE 044Y SEX- F
PCP- ROSS LYNNE S
FC- RAD G ADM DT- 08/08/18

Ordering Provider's Signature:

Electronically signed by agent of provider: Jessica Kyzarak on 07/12/18 at 1:19 pm

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75617428

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 08/08/2018

Dsch: 08/09/2018

Cr Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH SUBURBAN

Patient Location: A-MRI Service

Physician: RILEY, JONATHAN P.M.D

Radiology Records

* Auth (Verified) *

Kaleida Health

MRI PRE-SCAN PATIENT
QUESTIONNAIRE 1 of 2

☐ Entered into electronic record after download

date _____ time _____

initials _____



SMITH SHAULENE N
MR 1003295790 PT 75617428
DOB 11/15/73 AGE 44Y SEX F
ATT REFERRING DOC
PCP ROSS LYNNE
FC RAD G ADM DT 08/08/18
Patient ID Area MILLARD FILLMORE SUBURBAN

	Buffalo General Medical Center 100 High Street Buffalo NY 14203	DeGraff Memorial Hospital 445 Tremont Street North Tonawanda NY 14120	Millard Fillmore Suburban Hospital 1540 Maple Road Williamsville NY 14221	John R. Osher Children's Hospital 818 Ellicott Street Buffalo NY 14203
PHONE	716 859 2834	716 690 2250	716 568 6341	716 323 2220
FAX	716 859 2709	716 690 2324	716 568 6340	716 323 1340
REQUEST FOR REPORTS OR FILMS				
PHONE	716 859 2847	716 690 2249	716 568 6415	716 323 2220
FAX	716 859 1500	716 690 2324	716 568 6015	716 323 1340

PLEASE ANSWER ALL QUESTIONS AND SIGN THIS FORM

- Age 44 Weight 150 ☒ lbs ☐ kg Ordering Physician S Riley
- Exam Ordered _____
- 1 Briefly why are you having this test? Compressed T12 fracture
- 2 Do you have allergies? ☒ No ☐ Yes (please list) _____
- 3 Are you claustrophobic? ☒ No ☐ Yes
- 4 Have you had a previous MRI? ☐ No ☒ Yes When 2/2/18
Where DeGraff Memorial Hospital
- 5 Do you have a history of renal disease seizures or radiation treatment? ☒ No ☐ Yes (please list) _____
- 6 Do you have anemia sickle cell disease or trait and/or blood disorder? ☐ No ☒ Yes (please list)
Anemia
- 7 Have you ever worked with metal or had an injury to the eyes involving metal (e.g. metallic slivers shavings etc)?
☒ No ☐ Yes explain _____
- 8 Do you have shrapnel or bullet(s) in your body? ☒ No ☐ Yes
- 9 Have you had a recent capsule endoscopy? ☒ No ☐ Yes
- 10 HAVE YOU EVER HAD SURGERY ON (SELECT IF YES)
- | DATE | TYPE | DATE | TYPE |
|--------------------------------|-------|----------------------------------|-----------------------------|
| <input type="checkbox"/> Head | _____ | <input type="checkbox"/> Abdomen | <u>5/29/17 Hysterectomy</u> |
| <input type="checkbox"/> Neck | _____ | <input type="checkbox"/> Back | _____ |
| <input type="checkbox"/> Eyes | _____ | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Heart | _____ | | |
- 11 Have you ever had Cancer? ☒ No
☐ Yes - When _____ What part of the body _____
Treatment _____
- 12 a Are you pregnant? ☒ No ☐ Yes
b Are you breastfeeding? ☒ No ☐ Yes
c Date of your last menstrual cycle _____ ☒ N/A
d Do you have a diaphragm/intrauterine device (IUD)/pessary? ☒ No ☐ Yes
e Do you have breast implants or tissue expander? ☒ No ☐ Yes

Continue on back →



KH1013 Rev 11/10/17

RADIOLOGY

* Auth (Verified) *



MRI PRE-SCAN PATIENT
QUESTIONNAIRE 2 of 2

☐ Entered into electronic record after downtime

date _____ time _____

initials _____



SMITH, SHAULENE N
MR 1003295790 PT 75617428
DOB 11/15/73 AGE 44Y SEX F
ATT REFERRING DOC
PCP ROSS LYNNE
FC RAD G ADM DT 08/08/18
MILLARD FILLMORE SUBURBAN

13 DO YOU HAVE ANY OF THE FOLLOWING?

Directions Each box must be checked **DO NOT** draw a line through all

NO YES

- ☒ ☐ Cardiac pacemaker
- ☒ ☐ Implantable Cardioverter Defibrillator (AICD)
- ☒ ☐ Aneurysm clips
- ☒ ☐ Pacing wires
- ☒ ☐ Any type of ear implant (cochlear, stapes, ear drum, etc)
- ☒ ☐ Any implant held in place with a magnet
- ☒ ☐ Artificial heart valve
- ☒ ☐ Any type of bio stimulator/Transcutaneous Electrical Nerve Stimulation (TENS) Unit
- ☒ ☐ Bone growth/fusion stimulator
- ☒ ☐ Neurostimulator
- ☒ ☐ Intravascular coil, filter stent Date implanted _____
- ☒ ☐ Insulin or drug infusion pump
- ☒ ☐ Vascular access port/catheter
- ☒ ☐ Swan Ganz catheter
- ☒ ☐ Tissue expanders
- ☒ ☐ Shunt
- ☒ ☐ Carotid artery vascular clamp
- ☒ ☐ Surgical clips or staples
- ☒ ☐ Halo vest/metallic cervical fixation device
- ☒ ☐ Any type of electrodes
- ☒ ☐ Artificial limbs
- ☒ ☐ Artificial joint replacements (hip knee, shoulder, etc)
- ☒ ☐ Orthopaedic implants (screws rods pins plates) Where in body _____
- ☒ ☐ Any spine implants (Harrington rods)
- ☒ ☐ Penile prosthesis
- ☒ ☐ Orbital eye prosthesis
- ☒ ☐ Hearing aid
- ☒ ☐ Dentures or partial plates (especially those held in place with magnets)
- ☒ ☐ Any type of trans dermal patches (nicotine, nitro, duragesic estrogen, etc)
- ☒ ☐ Adhcoat wound dressings
- ☒ ☐ Body piercings (other than ears)
- ☐ ☒ Tattoos (or tattooed eyeliner)

14 CAN PATIENT LIE FLAT? ☐ No ☒ Yes

NOTE

If you have information cards on any implanted devices please make them available to the technologist
Please remove all jewelry dentures partials from your body Empty your pockets of all items and wear clothing
without snaps buttons or zippers A gown and/or scrub pants will be provided to you
A technologist will perform a reasonable visual assessment of the patient to evaluate for possible hidden objects

Date 8/5/18 Time 9:02 Signature [Signature] Print Name SHAULENE SMITH
Relationship to Patient (if not completed by patient) _____
Date _____ Time _____ Nurse/Secretary Signature _____ Print Name _____
Date _____ Time _____ Technologist Signature [Signature] Print Name _____
Date _____ Time _____ Technologist Signature _____ Print Name _____



KHM1013 Rev 11/10/17

RADIOLOGY

* Auth (Verified) *

ACCESSION #: MR-18-0016547
SMITH, SHAULENE N
MR #: 1003295790
REQ FOR DATE: 08/08/2018
Millard Fillmore Suburban Hospital
1540 Maple Road, Williamsville, New York 14221-2099

KALEIDA
H E A L T H

MILLARD FILLMORE SUBURBAN HOSPITAL
1540 Maple Road, Williamsville, New York 14221-2099

RADIOLOGY REQUISITION

PATIENT NAME SMITH, SHAULENE N		MEDICAL REC # 1003295790	PATIENT LOCATION A-MRI Service	SEX F	AGE 44 Y	DOB. 11/15/1973	PRIORITY Routine
Order For 08/08/2018	Time 09:45 am	PT TYPE Clinic	TRANS. MODE Ambulatory	O2	IV	150	
ORDERING PHYSICIAN RILEY, JONATHAN P. MD		PHONE NUMBER (716) 218-1000	CONSULTING PHYSICIAN			PHONE NUMBER	
EXAM REQUESTED 1 MRI Cervical spine w/o contrast		PACS ID # 7142032	CLINICAL INDICATION compression fx			ICD CODES Wedge comp	

COMMENTS / SPECIAL INSTRUCTIONS:

TECHNOLOGIST'S COMMENT:

LAST 5 EXAMS:

- 1.) Spine lumbosacral- 2 or 3 v...
- 2.) Spine thoracic- 2 views
- 3.) Spine thoracic- 2 views
- 4.) CT Abd+Pel w IV contrast
- 5.) US Transvaginal

06/18/2018
06/18/2018
03/15/2018
02/03/2018
01/16/2018

PAT. UID #: 1003295790

ISOLATION CODES:

LMP	NO POTENTIAL FOR PREGNANCY EXISTS	TECHINIT.
	X	

ALLERGIES

1 No Known Medication Allergies

DIABETES
No

LAB RESULTS

HCT/HGB	PLT	PT/PTT/INR	BLW	CRT	HCG
				6.64	

MEDICAL RECORD NUMBER
1003295790

ACCESSION NO
MR-18-0016547



TECHNOLOGIST NAME <i>Riley</i>	8 x 10	10 x 12	11 x 14	14 x 17	14 x 36	7 x 17	OTHER	INITIAL FILMS
INJECTION TIME	CONTRAST / RADIOPHARM		NO. OF CC / mCi-uCi		INJECTED / CATHED BY			

PRELIMINARY RADIOLOGICAL INTERPRETATIONS:

Financial Number
75617428



Digital Dictation.



Entered by: ESTRADA, RAQUEL

ORIGINAL

* Auth (Verified) *

ACCESSION #: MR-18-0016546
SMITH, SHAULENE N
MR #: 1003295790
REQ FOR DATE: 08/08/2018
Millard Fillmore Suburban Hospital
1540 Maple Road, Williamsville, New York 14221-2099

KALEIDA
H E A L T H

MILLARD FILLMORE SUBURBAN HOSPITAL
1540 Maple Road, Williamsville, New York 14221-2099

RADIOLOGY REQUISITION

PATIENT NAME SMITH, SHAULENE N		MEDICAL REC # 1003295790	PATIENT LOCATION A-MRI Service	SEX F	AGE 44 Y	DOB. 11/15/1973	PRIORITY Routine
Order For 08/08/2018	Time 09:00 am	PT TYPE Clinic	TRANS. MODE Ambulatory	O2	IV	ISO	
ORDERING PHYSICIAN RILEY, JONATHAN P. MD		PHONE NUMBER (716) 218-1000	CONSULTING PHYSICIAN			PHONE NUMBER	
EXAM REQUESTED 1 MRI Thoracic imaging w/o contrast		PACS ID # 7442028	CLINICAL INDICATION compression fx			ICD CODES Wedge comp	

COMMENTS / SPECIAL INSTRUCTIONS:

TECHNOLOGIST'S COMMENT:

LAST 5 EXAMS:

- 1.) Spine lumbosacral- 2 or 3 v...
- 2.) Spine thoracic- 2 views
- 3.) Spine thoracic- 2 views
- 4.) CT Abd+Pel w IV contrast
- 5.) US Transvaginal

06/18/2018
06/18/2018
03/15/2018
02/03/2018
01/16/2018

PAT. UID #: 1003295790

ISOLATION CODES:

LMP

NO POTENTIAL FOR PREGNANCY EXISTS

TECH INT.

X

ALLERGIES

1 No Known Medication Allergies

DIABETES

No

LAB RESULTS

HCT/HBG	PLT	PT/PTT/INR	BUN	CRT	HCG
				0.64	

MEDICAL RECORD NUMBER
1003295790

ACCESSION NO.
MR-18-0016546



TECHNOLOGIST NAME <i>R. L. L. / 18</i>	8 x 10	10 x 12	11 x 14	14 x 17	14 x 36	7 x 17	OTHER	TOTAL FILMS
---	--------	---------	---------	---------	---------	--------	-------	-------------

INJECTION TIME	CONTRAST / RADIOPHARM	NO. OF CC / mCi-uCi	INJECTED / CATHED BY
----------------	-----------------------	---------------------	----------------------

PRELIMINARY RADIOLOGICAL INTERPRETATIONS:

Financial Number
75617428



Digital Dictation.



Entered by: ESTRADA, RAQUEL

ORIGINAL

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018

Ul Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.M.D.
 Dsch: 08/09/2018

MRI

EXAM	EXAM DATE/TIME	ACCESSION NUMBER	ORDERING DOCTOR
MRI Thoracic imaging w/o contrast	08/08/2018 10:09	MR-18-0016546	RILEY, JONATHAN P.M.D

REASON FOR EXAM

(MRI Thoracic imaging w/o contrast) compression fx

Findings

CLINICAL HISTORY: Numbness fingers and toes on the left.

TECHNIQUE: Multiple pulse sequences performed

COMPARISON: none

FINDINGS:

Thoracic intervertebral disc spaces well maintained.
 No focal disc herniation or stenosis is seen.
 No intramedullary abnormalities are appreciated.
 Minor disc degeneration at T11-12 with a minimal bulging disc is seen.
 No discitis or osteomyelitis is seen.

IMPRESSION:

Minor disc degeneration at T11-12. No significant thoracic MRI abnormalities appreciated.

READ BY.....: REGENBOGEN, VICTOR S. MD

DICTATED: 08/08/2018 10:13 am

TRANSCRIBED BY.....: 08/08/2018 10:13 am VSR

SIGNED 08/08/2018 10:17 am

ELECTRONICALLY BY...: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this imaging report.
 Although each report is personally scanned for syntactic or grammatical errors,
 unintended but conspicuous translational errors can occur.
 Please contact the Radiology department if there are questions about contents of this report.

EXAM	EXAM DATE/TIME	ACCESSION NUMBER	ORDERING DOCTOR
MRI Cervical spine w/o contrast	08/08/2018 10:09	MR-18-0016547	RILEY, JONATHAN P.M.D

REASON FOR EXAM

(MRI Cervical spine w/o contrast) compression fx

Findings

HISTORY: Finger and toe numbness

TECHNIQUE: Multiple pulse sequences obtained through the cervical spine.

Printed: 08/23/2018 16:54

Page 12 of 21

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018 Dsch: 08/09/2018

UT Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.M.D

MRI

EXAM	EXAM DATE/TIME	ACCESSION NUMBER	ORDERING DOCTOR
MRI Cervical spine w/o contrast	08/08/2018 10:09	MR-18-0016547	RILEY, JONATHAN P.M.D

Findings

COMPARISON: none

FINDINGS:

Craniocervical junction unremarkable.
 Cervical intervertebral disc spaces well maintained.
 No focal disc herniation or stenosis seen.
 Upper 4 thoracic levels unremarkable.
 No intramedullary abnormalities are appreciated.
 No discitis or osteomyelitis appreciated.

IMPRESSION:

Unremarkable MRI of the cervical spine.

READ BY.....: REGENBOGEN, VICTOR S. MD
 DICTATED: 08/08/2018 10:09 am
 TRANSCRIBED BY.....: 08/08/2018 10:09 am VSR
 SIGNED 08/08/2018 10:12 am
 ELECTRONICALLY BY..: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this imaging report.
 Although each report is personally scanned for syntactic or grammatical errors,
 unintended but conspicuous translational errors can occur.
 Please contact the Radiology department if there are questions about contents of this report.



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.M.D
 Dsch: 08/09/2018

Past Medical History

Problem Name: Anemia

Status: Active

Age at Onset: 18 years; Onset Date: 1991; Age at Resolved: ; Resolved Date: ; Responsible Provider:

C: 09/19/2016 10:03 : CRONIN, LINDA J.: hospitalized at age 18. dx'ed as iron deficient anemia

Problem Name: Polycystic ovarian syndrome

Status: Resolved

Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 20 years; Onset Date: 03/27/1994; Age at Resolved: Unknown 21 years; Resolved Date: Unknown 1995; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 22 years; Onset Date: 10/23/1996; Age at Resolved: Unknown 23 years; Resolved Date: Unknown 1997; Responsible Provider:

Problem Name: Pregnant

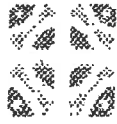
Status: Resolved

Age at Onset: 33 years; Onset Date: 03/27/2007; Age at Resolved: Unknown 34 years; Resolved Date: Unknown 2008; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 34 years; Onset Date: 03/27/2008; Age at Resolved: Unknown 35 years; Resolved Date: Unknown 2009; Responsible Provider:



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018 Dsch: 08/09/2018

Uf Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.M.D

Family History

Mat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
Ovarian cancer	Negative			
Thyroid disease	Negative			

Mat Grandmother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Nephew: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Niece: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Pat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Pat Grandmother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			



Med Rec Nbr: 1003295790

UI Nbr: 1003295790

Financial Nbr: 75617428

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH SUBURBAN

DOB: 11/15/1973

Patient Location: A-MRI Service

Sex: Female

Physician: RILEY, JONATHAN P.M.D

Medical Record Request

Adm: 08/08/2018

Dsch: 08/09/2018

Family History

Last Update: 09/19/2016 09:56 by GRONIN, LINDA J.

Mother: Alive				
Condition		Age of Onset	Life Cycle	Severity
Hypertension	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Sister: Alive				
Condition		Age of Onset	Life Cycle	Severity
Breast cancer	Positive			
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

C1: 09/19/2016 09:56 : CRONIN, LINDA J.; dx'd age 30, deceased

Sister: Alive				
Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Brother: Alive				
Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Brother: Alive				
Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
Ovarian cancer	Negative			
Thyroid disease	Negative			

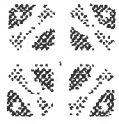
Cousin: Alive				
Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Father: Alive				
Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Mat Grandfather: Alive				
Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			

Printed: 08/23/2018 16:54

Page 15 of 21

**Medical Record Request**

Med Rec Nbr: 1005295790

Financial Nbr: 75617428

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 08/08/2018

Disch: 08/09/2018

Or Nbr: 1005295790

Patient Name: SMITH, SHAULENE N

Organization: KH SUBURBAN

Patient Location: A-MRI Service

Physician: RILEY, JONATHAN PMD

Allergy**Substance: No Known Medication Allergies****Recorded Date/Time**

09/19/2016 09:50

Recorded By

CRONIN, LINDA J.

Reaction Status: Active; Allergy Type: Allergy; Category Drug; Reviewed Date/Time: 02/03/2018 10:09; Reviewed By: LYNCH, JOSHUA J. DO



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018 Dsch: 08/09/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.M.D

Problem List

Problem Name: Anemia

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date: 09/19/2016
 Responsible Provider:

Problem Name: Obesity

Last Updated: 09/19/2016
 Last Reviewed: 09/19/2016

Status Date: 09/19/2016
 Responsible Provider:

Problem Name: Polycystic ovarian syndrome

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date: 09/19/2016
 Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date:
 Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date:
 Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date:
 Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016
 Last Reviewed: 02/03/2018

Status Date:
 Responsible Provider:

**Medical Record Request**

Med Rec Nbr: 1003295790

Ul Nbr: 1003295790

Financial Nbr: 75617428

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH SUBURBAN

DOB: 11/15/1973

Patient Location: A-MRI Service

Sex: Female

Physician: RILEY, JONATHAN P.M.D

Adm: 08/08/2018

Dschr: 08/09/2018

Procedures-Surgical History**Procedure: Laparoscopy**Last Updated:
09/19/2016Status:
Active

Location:

Provider:

Last Reviewed:
02/03/2018

Related Diagnosis:

C: 09/19/2016 09:54 ; CRONIN, LINDA J.; exploratory, for abdominal pain, nothing found



Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 75617428

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 08/08/2018

Disch: 08/09/2018

OI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH SUBURBAN

Patient Location: A-MRI Service

Physician: RILEY, JONATHAN PMD

Orders

Radiology

Order: MRI Cervical spine w/o contrast

Order Date/Time: 08/01/2018 12:56

Department Status: Completed

Catalog Type: Radiology

Activity Type: Radiology

End-state Date/Time: 08/08/2018 10:14

End-state Reason:

Ordering Physician: RILEY, JONATHAN PMD

Consulting Physician:

Entered & Electronically Signed By: ESTRADA, RAQUEL on 08/01/2018 12:56

Order Details: Routine, 8/8/18 9:45:00 AM EDT, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Order Comment:

Action Type: Complete

Action Date/Time: 08/08/2018 10:14

Action Personnel: REGENBOGEN, VICTOR S. MD

Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 08/08/2018 10:09

Action Personnel: MATYAS, ROB C MRI Tech

Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 08/08/2018 09:25

Action Personnel: MATYAS, ROB C MRI Tech

Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Activate

Action Date/Time: 08/08/2018 09:09

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18 9:45:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 08/01/2018 12:56

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD, None, ~THECURRENTUSER

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75617428
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 08/08/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH SUBURBAN
 Patient Location: A-MRI Service
 Physician: RILEY, JONATHAN P.MD
 Dsch: 08/09/2018

Orders

Radiology

Order: MRI Thoracic imaging w/o contrast

Order Date/Time: 08/01/2018 12:55

Department Status: Completed

Catalog Type: Radiology

Activity Type: Radiology

End-state Date/Time: 08/08/2018 10:18

End-state Reason:

Ordering Physician: RILEY, JONATHAN P.MD

Consulting Physician:

Entered & Electronically Signed By: ESTRADA, RAQUEL on 08/01/2018 12:55

Order Details: Routine, 8/8/18 9:00:00 AM EDT, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~THECURRENTUSER

Order Comment:

Action Type: Complete

Action Date/Time: 08/08/2018 10:18

Action Personnel: REGENBOGEN, VICTOR S.MD

Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 08/08/2018 10:09

Action Personnel: MATYAS, ROB C MRI Tech

Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 08/08/2018 09:25

Action Personnel: MATYAS, ROB C MRI Tech

Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Activate

Action Date/Time: 08/08/2018 09:08

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18 9:00:00, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Modify

Action Date/Time: 08/01/2018 12:56

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~THECURRENTUSER

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 08/01/2018 12:55

Action Personnel: ESTRADA, RAQUEL

Order Details: Routine, 08/08/18, compression fx, Ambulatory, Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Patient, RILEY, JONATHAN P. MD. None, ~THECURRENTUSER

Review Information:

Nurse Review: Not Reviewed

Doctor Cosign: Not Required

Order Comment:

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 4012330
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 03/15/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Xray
 Physician: RILEY, JONATHAN P.MD

Dsch: 03/16/2018

Consents Documents

| LAB KEY: ^=Abnormal, C=Critical, i=Interp Data, m=Corrected, L=Low, H=High, R=Result Comments, O=Order Comments, T=Textual Result |

Printed: 03/26/2018 16:47

| @=Performed at, S=Susceptible, I = Intermediate, R=Resistant, N/A = Not Applicable|

Page 1 of 18

Patient Name: **SMITH, SHAULENE N**

171335728

Master Report Template

Nalanda Health Center for Laboratory Medicine Rochester 1540 Main Road Rochester, NY 14621 Phone: (716) 661-3700 Fax: (716) 548-3858	Nalanda Health Center for Laboratory Medicine 115 First Road Williamsville, NY 14221 Phone: (716) 626-2200 Fax: (716) 633-2551	Kelvin Health John R. Olszewski Children's Hospital Laboratory 312 Elbert Street Buffalo, NY 14203 Phone: (716) 323-2300 Fax: (716) 323-1873	Nalanda Health Endicott Laboratory 425 Fremont Street P O Box 6750 N.Yongaville, NY 14120 Phone: (716) 690-2120 Fax: (716) 690-3336	Clinical Laboratories of the Buffalo General Hospital 100 High Street Buffalo, NY 14203 Phone: (716) 859-1227 Fax: (716) 859-3221	Niagara Falls Memorial Medical Center Dept. of Pathology 621 10th Street, P.O. Box 706 Niagara Falls, NY 14302 Phone: (716) 278-4527 Fax: (716) 278-4876
---	---	---	--	--	---

Patient Name: SMITH, SHAULENE N
Date of Birth: 11/15/1973

MRN: 1003295790
FIN: 4012330

* Auth (Verified) *

Kaleida Health

**CONSENT FOR TREATMENT AND
PAYMENT AGREEMENT 1 of 2**

☐ Entered into electronic record
downtime

date _____ time _____

initials _____

SMITH SHAULENE N
MR- 1003295790 PT- 4012330
DOB- 11/15/73 AGE- 044Y SEX- F
ATT- REFERRING DOC
PCP- ROSS LYNNE S
FC- RAD C ADM DT- 03/15/18
Patient ID Area DEGRAFF MEMORIAL

HI Claim Number: _____

AUTHORIZATION FOR CARE & TREATMENT I hereby agree that Kaleida Health may perform care and treatment, and may conduct such examinations, laboratory tests and procedures, administer such local anesthetics, medication and treatment, as may be directed by my physician or treating practitioner. I acknowledge that no guarantees have been made to me as to the effect of such examinations, tests, procedures or treatment of my condition.

CONSENT TO USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION I consent to the use and disclosure of my Protected Health Information by Kaleida Health for purposes of treatment, payment, and health care operations. For example, my attending physician or treating practitioner at Kaleida Health may furnish Protected Health Information maintained by Kaleida Health in the course of my care and treatment. Also, as Kaleida Health is a teaching hospital, I consent to the use and disclosure of my Protected Health Information (i) for training and educational purposes to faculty physicians, residents, and medical, dental, pharmacy, nursing or other students in health-related professions from local colleges and universities affiliated with Kaleida Health, and (ii) for review in preparation for possible research. Release of medical records and information will be made according to state and federal regulations. I understand that Kaleida Health may release medical information to any third party, including my employer, which may be responsible for payment of my hospital or medical expenses. (Release of medical information to employers is limited to those employers who are directly liable for the costs of the patient's health care benefits through and employer, self-insured group health plan or worker's compensation, or in other circumstances in which such disclosure is legally allowed). I understand that it may be necessary for a hospital treating practitioner to contact another treating provider or pharmacy to obtain complete medical history and/or medicine dosage.

CONSENT TO RELEASE INFORMATION TO THE UNIVERSITY OF BUFFALO INSTITUTE FOR HEALTHCARE INFORMATICS (IHI)
I understand that my PHI will be released to a research database supervised by the University of Buffalo Institutional Review Board for use in future research. ☐ Restriction: I do not want my PHI released to IHI.

INSURANCE AUTHORIZATION: I understand that I am responsible for knowing the terms and conditions of my insurance coverage. I further understand that I may be responsible for obtaining prior authorization for certain services in order for my insurance company to pay for those services and I understand that I may be personally responsible for payment if I do not obtain any necessary prior authorization or my insurance benefits are denied, reduced, or terminated. (In accordance with federal law, the hospital will not deny or delay necessary care or treatment in the Emergency Department because of a person's inability to pay for such necessary emergency treatment.)

ASSIGNMENT OF BENEFITS, INSURANCE PROCEEDS, SETTLEMENTS If I am entitled to health care services under any insurance policy from any person or organization which may become liable to me to provide such benefits, I assign such benefits to the hospital and physicians employed by the hospital who render such services to me. I further authorize payment directly to Kaleida Health and such physicians of all such insurance benefits payable to me. Such insurance may include, but is not limited to, private commercial insurance, auto liability insurance, worker's compensation, programs such as Medicare and Medicaid, or other governmental sources. I certify that the information given regarding my insurance is accurate and current to the best of my knowledge. I further assign to Kaleida Health any payments for medical benefits payable to me as a result of any settlement or judgment in a lawsuit.

CERTIFICATION OF MEDICARE BENEFITS TO HOSPITAL AND/OR PHYSICIANS: (Applicable to Medicare beneficiaries only)
I hereby authorize Kaleida Health to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by Kaleida Health, including physician services. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim.

FINANCIAL AGREEMENT In consideration for services rendered by Kaleida Health and physicians employed by Kaleida Health, I guarantee prompt payment of all such services not paid by insurance carriers or third parties within thirty (30) days. I understand that any amounts not covered by my insurance carrier or other third party payor is my personal responsibility, and I agree to make payment for any such amounts. If Kaleida Health does not receive such payment within thirty (30) days from the date such balance is due, the bill may be turned over to an attorney or a collection agency and, if so, I agree to pay all reasonable collection costs including attorney's fees and/or collection fees in addition to the payment owed. I give the hospital the right to examine my consumer credit report for financial information relating to my responsibility to pay for medical services. I understand that, in most cases, my attending physician, emergency department physician, radiologist, anesthesiologist and other consultants and/or surgeons of Kaleida Health are independent practitioners, and not hospital employees. I will receive a separate bill from them for their services.

KH00287 Rev. 06/28/17

CONSENT



Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.DO

Medication Administration Record

Medications

Admin Date/Time: 02/03/2018 12:39Charted Date/Time: 02/03/2018 12:40

Medication Name: HYDROmorphone

Ingredients: h.5i 1 mg 1 mL

Admin Details: (Auth) IV push, Antecubital Fossa, Left

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 12:39; Perform: CZAJA, ALLYSON E RN 02/03/2018 12:40; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 12:40

Admin Date/Time: 02/03/2018 12:37Charted Date/Time: 02/03/2018 12:37

Medication Name: ondansetron

Ingredients: onda4i 4 mg 2 mL

Admin Details: (Auth) IV push, Antecubital Fossa, Left

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 12:37; Perform: CZAJA, ALLYSON E RN 02/03/2018 12:37; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 12:37

Admin Date/Time: 02/03/2018 11:04Charted Date/Time: 02/03/2018 13:38

Medication Name: HYDROmorphone (Dilaudid)

Admin Details: Auth (Verified)

Primary Pain Present: No actual or suspected pain; Primary Preferred Pain Tool: FACES/Numeric rating scale; Primary FACES/Numeric Rating Score Activ: 0; Primary FACES/Numeric Rating Score Rest: 0; Primary FACES/Numeric Rating Activity: 0 = No pain; Primary FACES/Numeric Rating at Rest: 0 = No pain; Primary Pain Quality: Aching; Primary Pain Location: Other: back, abdomen, left side; Primary Pain Laterality: Left; Primary Pain Time Pattern: Acute

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 10:23; Perform: CZAJA, ALLYSON E RN 02/03/2018 13:37; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 13:37

Admin Date/Time: 02/03/2018 10:49Charted Date/Time: 02/03/2018 10:53

Medication Name: HYDROmorphone (Dilaudid)

Ingredients: Dilaudid 1 mg 1 mL

Admin Details: (Auth) IV push, Antecubital Fossa, Left

Clinical Observation Complete: Yes; Primary FACES/Numeric Rating at Rest: 10 = Worst possible pain; Primary Preferred Pain Tool: FACES/Numeric rating scale

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 10:23; Perform: CZAJA, ALLYSON E RN 02/03/2018 10:51; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 10:51

Admin Date/Time: 02/03/2018 10:49Charted Date/Time: 02/03/2018 10:53

Medication Name: Sodium Chloride 0.9% (NS bolus (Sodium Chloride 0.9%))

Ingredients: nacl.91000b 1000 mL

Admin Details: (Auth) IV piggyback, Antecubital Fossa, Left

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 10:23; Perform: CZAJA, ALLYSON E RN 02/03/2018 10:51; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 10:51

Admin Date/Time: 02/03/2018 10:48Charted Date/Time: 02/03/2018 10:53

Medication Name: ondansetron (Zofran)

Ingredients: Zofran 4 mg 2 mL

Admin Details: (Auth) IV push, Antecubital Fossa, Left

Action Details: Order: LYNCH, JOSHUA J.DO 02/03/2018 10:23; Perform: CZAJA, ALLYSON E RN 02/03/2018 10:51; VERIFY: CZAJA, ALLYSON E RN 02/03/2018 10:51



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DO
 Dsch: 02/03/2018

Hematology

Complete Blood Count

Orderable Name	Ordering Provider	Accession Number	Specimen Type	Collected Date/Time	Received Date/Time
CBC w/ Differential (CBC Diff)	LYNCH, JOSHUA J.DO	18-034-03168	Blood	02/03/2018 10:23	02/03/2018 11:08

Procedure	Result	Result Symbol	Units	Reference Range	Report Date/Time	Footnote Symbol
WBC	6.0		$\times 10^9/L$	[4.0-10.5]	02/03/2018 11:53	@1
RBC	4.31		$\times 10^{12}/L$	[4.20-5.40]	02/03/2018 11:53	@1
Hgb	11.5	L	g/dL	[12.0-16.0]	02/03/2018 11:53	@1
Hct	35.1	L	%	[37.0-47.0]	02/03/2018 11:53	@1
MCV	81.4		fL	[78.0-100.0]	02/03/2018 11:53	@1
MCH	26.7	L	pg	[28.0-34.0]	02/03/2018 11:53	@1
MCHC	32.8		g/dL	[32.0-36.0]	02/03/2018 11:53	@1
RDW	13.4		%	[11.5-14.0]	02/03/2018 11:53	@1
Platelet	257		$\times 10^9/L$	[150-450]	02/03/2018 11:53	@1
MPV	9.8		fL	[9.0-12.0]	02/03/2018 11:53	@1
Neut Abs	3.4		$\times 10^9/L$	[1.5-6.6]	02/03/2018 11:53	@1
Lymph Abs	1.9		$\times 10^9/L$	[1.5-3.5]	02/03/2018 11:53	@1
Mono Abs	0.4		$\times 10^9/L$	[<=1.0]	02/03/2018 11:53	@1
Eos Abs	0.2		$\times 10^9/L$	[<=0.7]	02/03/2018 11:53	@1
Baso Abs	0.0		$\times 10^9/L$	[<=0.1]	02/03/2018 11:53	@1
Neutrophils	56.6		%	[38.0-77.0]	02/03/2018 11:53	@1
Lymph	32.1		%	[20.0-48.0]	02/03/2018 11:53	@1
Mono	7.2		%	[<=12.0]	02/03/2018 11:53	@1
Eos	3.2		%	[<=6.0]	02/03/2018 11:53	@1
Basophils	0.7		%	[<=3.0]	02/03/2018 11:53	@1

Performing Locations

@1: This test was performed at:
 DG Labs, Kaleida Health Degraff Laboratory, 445 Tremont Street PO Box 0750, North Tonawanda, NY 14120, P: (716) 690-2181, F: (716) 690-2336



Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J, DO

Medical Record Request

Dsch: 02/03/2018

Chemistry

Routine Chemistry

Orderable Name	Ordering Provider	Accession Number	Specimen Type	Collected Date/Time	Received Date/Time
Comprehensive Metabolic Panel (CMP Comprehensive Metabolic Panel)	LYNCH, JOSHUA J, DO	18-034-03169	Blood	02/03/2018 10:23	02/03/2018 11:08

Procedure	Result	Result Symbol	Units	Reference Range	Report Date/Time	Footnote Symbol
Sodium Level	137		mmol/L	[135-145]	02/03/2018 11:28	@1
Potassium Level	4.1		mmol/L	[3.5-5.3]	02/03/2018 11:28	@1
Chloride	105		mmol/L	[96-110]	02/03/2018 11:28	@1
Carbon Dioxide	25		mmol/L	[20-32]	02/03/2018 11:28	@1
Anion Gap	7		mmol/L	[5-15]	02/03/2018 11:28	@1
BUN	8		mg/dL	[5-25]	02/03/2018 11:28	@1
Creatinine	0.64		mg/dL	[0.40-1.40]	02/03/2018 11:28	@1
Calcium Level	10.1		mg/dL	[8.5-10.5]	02/03/2018 11:28	@1
Bilirubin	0.6		mg/dL	[0.2-1.2]	02/03/2018 11:28	@1
Alkaline Phosphatase	72		unit/L	[30-140]	02/03/2018 11:28	@1
AST	15		unit/L	[5-50]	02/03/2018 11:28	@1
ALT	11		unit/L	[5-50]	02/03/2018 11:28	@1
Protein	7.1		g/dL	[6.0-8.0]	02/03/2018 11:28	@1
Albumin Level	3.8		g/dL	[3.5-5.0]	02/03/2018 11:28	@1
Glucose Level	90		mg/dL	[60-100]	02/03/2018 11:28	@1
GFR	>60		mL/min/1.73 m2	[>=60]	02/03/2018 11:28	i1 @1
GFR AfrAmer	>60		mL/min/1.73 m2	[>=60]	02/03/2018 11:28	@1

Orderable Name	Ordering Provider	Accession Number	Specimen Type	Collected Date/Time	Received Date/Time
Lipase Level	LYNCH, JOSHUA J, DO	18-034-03169	Blood	02/03/2018 10:23	02/03/2018 11:08

Procedure	Result	Result Symbol	Units	Reference Range	Report Date/Time	Footnote Symbol
Lipase Level	39		unit/L	[7-78]	02/03/2018 11:28	@1

Interpretive Data

i1: GFR
 Interpretation of Estimated Glomerular Filtration Rate (eGFR) values (for adults only):

The eGFR is estimated using the abbreviated MDRD Study equation based on creatinine (IDMS calibrated), age, gender and ethnicity. The eGFR is provided as an aid in the assessment of renal function in adults. eGFR for both Non-African American and African American ethnicities are provided. eGFR >= 60 are reported as > 60.

Chronic kidney disease (CKD) is defined as either kidney damage or eGFR < 60 mL/min/1.73 m2 for >= 3 months. Patients with eGFR values >= 60 mL/min/1.73 m2 may also have CKD if evidence of persistent proteinuria is present.

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Disch: 02/03/2018

Uf Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J. DO

Chemistry**Interpretive Data**

i1: GFR

Stages of CKD associated with eGFR < 60 mL/min/1.73 m²:

Stage 3 Moderate decrease in GFR GFR = 30-59

Stage 4 Severe decrease in GFR GFR = 15-29

Stage 5 Kidney failure GFR = <15

Performing Locations

@1: This test was performed at:

DG Labs, Kaleida Health Degraff Laboratory, 445 Tremont Street PO Box 0750, North Tonawanda, NY 14120, P: (716) 690-2181, F: (716) 690-2336

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

Uf Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J. DO

Radiology Records

* Auth (Verified) *



IMAGING SERVICES
PREGNANCY ATTESTATION

DOWN TIME
☐ Entered into electronic record after downtime
date time initials



SMITH SHAULENE N
MR 1003295790 PT 75213332
DOB 11/15/73 AGE 44Y SEX F
ATT LYNCH JOSHUA
PCP ROSS LYNNE
FC EMR E ADM DT 02/03/18
Patient ID Area DEGRAFF MEMORIAL

I _____ attest and confirm that I am not currently pregnant and that to the best of my knowledge there is no possibility that I could be pregnant. I understand that if there is a possibility that I could be pregnant I must alert the health care providers and discuss that possibility with the physician performing my procedure. There may be risks associated with the care I am to receive in the event that I am pregnant.

My last menstrual period was (date) _____

Date

Time

Patient Signature

☐ I am unsure if I am pregnant and request a pregnancy test be performed. If the test is positive my attending physician will discuss safe options for care.

Results of human chorionic gonadotropin (hCG) test performed _____ Date _____

☐ I acknowledge that I am pregnant. I understand the risks and benefits explained to me by the requesting physician and all of my questions have been answered to my satisfaction. I agree to have the Diagnostic Imaging examination requested.

☐ I understand that when possible the technologist will collimate (reduce) the area of x ray beam to the area being examined, shield me by placing a piece of lead over the fetal area and limit the number of routine films and/or views taken for examination in order to reduce the potential dose of radiation to the fetus.

Exam to be performed _____

Date _____ Time _____ Physician Signature _____

Date _____ Time _____ Patient Signature _____

Date _____ Time _____ Parent/Guardian Signature _____

Date _____ Time _____ Witness Signature _____

Witness Print Name _____



KH01300 001 Rev 07/29/11

CONT

Patient Name: SMITH, SHAULENE N
Date of Birth: 11/15/1973

MRN: 1003295790
FIN: 75213332

* Auth (Verified) *

Patient Name: SMITH, SHAULENE N
Date of Birth: 11/15/1973

MRN: 1003295790
FIN: 75213332

* Auth (Verified) *

Kaleida Health

RADIOGRAPHIC IV CONTRAST SCREENING RECORD 1 of 2

☐ Entered into electronic record after downtime

date _____ time _____

initials _____

SMITH SHAULENE N
MR 1003295790 PT 75213332
DOB 11/15/73 AGE 44Y SEX F
ATT LYNCH JOSHUA
PCP ROSS LYNNE
FC EMR E ADM DT 02/03/18
DEGRAFF MEMORIAL

Reason for Examination _____

MEDICAL HISTORY				
NO	YES			
1	Diabetic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes on metFORMIN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2	Heart Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Kidney Disease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes on dialysis <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Gout	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Sickle Cell	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Multiple Myeloma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Pheochromocytoma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9	Pregnancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If no last menstrual period _____
10	Smoker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

NOTE metFORMIN (Glucophage/Glucovance/ Others) must be held for 48 hours after injection
Instruction sheet provided ☐ Yes ☒ No
Patient was informed to contact primary physician
☐ Yes ☒ No Initials _____

Blood/Urea/Nitrogen (BUN) 8
Glomerular Filtration Rate (GFR) >60
Creatinine 0.64 Date Drawn _____
Height _____ cm Weight _____ kg

Patient Initials _____ ☐ N/A
Labs Verified SM RN/Tech Initials _____
OK to Inject ☒ Yes ☐ No RN/Tech Initials _____

Pertinent History

at fall last AM, increasing pain
entire left side body from front to spine

Date 2/3/18 Time 11:50 Initials SM

SURGICAL HISTORY (All previous surgeries)

partial hysterectomy <1 yr

Date 2/3/18 Time 11:50 Initials SM

ALLERGY HISTORY

Medication Allergies ☒ None Known ☐ Refer to Allergy Profile _____

NO	YES	REACTION
Iodine	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pollen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PREVIOUS REACTION TO CONTRAST/ X RAY DYE ☒ No ☐ Yes describe _____Premedication ordered ☒ No ☐ Yes list _____Date 2/3/18 Time 11:50 Initials SM

TIME OUT REPORT

Verified ID DOB Verified second form of ID SM Verified correct Order SM
Form of ID verified SM Form of ID verified SM RN/Tech Initials SM
Verified Correct Body part dose route and contrast to be used SM RN/Tech Initials _____



KH00552 Rev 08/18/15

DIAGNOSTIC IMAGING

Patient Name: SMITH, SHAULENE N
Date of Birth: 11/15/1973

MRN: 1003295790
FIN: 75213332

* Auth (Verified) *

Kaleida Health

**RADIOGRAPHIC IV
CONTRAST SCREENING RECORD 2 of 2**

☐ Entered into electronic record after downtime

date _____ time _____

initials _____



SMITH SHAULENE N
MR 1003295790 PT 75213332
DOB 11/15/73 AGE 44Y SEX F
ATT LYNCH JOSHUA
PCP ROSS LYNNE
FC EMR E ADM DT 02/03/18
DEGRAFF MEMORIAL

Patient ID Area

SCREENING RECORD REVIEW

List Findings Reviewed _____

Reviewed with Dr _____

Outcome _____

Date _____ Time _____ Initials _____

CURRENT MEDICATIONS

For exams with contrast complete medication list below For administration of any other medication complete full
Medication Reconciliation Form KH01116 001 (omit medication list below)

Medication	Dose	Route	Interval	Indication	Last Dose (Date/Time)

Date _____ Time _____ Initials _____ ☐ If inpatient refer to patient active medication list

INJECTION RECORDExam CT abd/pel IV contrast only

Contrast omnipaque 350 ml. 90
Time _____ Intravenous Site RA AC Size 22g Injected by SM

Notes _____

Date 2/3/18 Time 11:50 Initials SM ☒ IV already exists IV inserted initials _____

ADVERSE REACTION REPORTAdverse Reaction Noted ☒ No ☐ Yes physician notified _____

Describe Reaction _____

Action Taken _____

VITAL SIGNS

Temperature _____

Pulse _____

Respirations _____

Blood Pressure _____

Oxygen Saturation _____

Nurses Notes _____

Date 2/3/18 Time 11:50 Initials SMDate 2/3/18 Time 11:50 Imaged by SM

Date	Time	Signature/Title	Initials	Date	Time	Signature/Title	Initials
2/3/18	11:50	Shaulene N Smith	SM				



KH00552 Rev 08/18/15

DIAGNOSTIC IMAGING

Patient Name: SMITH, SHAULENE N
Date of Birth: 11/15/1973

MRN: 1003295790
FIN: 75213332

* Auth (Verified) *

ACCESSION #: CT-18-0007802
SMITH, SHAULENE N
MR #: 1003295790
REQ FOR DATE: 02/03/2018
DeGraff Memorial Hospital
455 Tremont Street, North Tonawanda, New York 14120-0750

KALEIDA
H E A L T H

DEGRAFF MEMORIAL HOSPITAL
455 Tremont Street, North Tonawanda, New York 14120-0750

RADIOLOGY REQUISITION

PATIENT NAME	MEDICAL REC #	PATIENT LOCATION	SEX	AGE	DOB	PRIORITY
SMITH, SHAULENE N	1003295790	D-Emergency Rm	F	44 Y	11/15/1973	Stat

Order For	Time	PT TYPE	TRANS. MODE	O2	IV	ISO
02/03/2018	10:23 am	Emergency	Wheelchair	No	No	Standard

ORDERING PHYSICIAN	PHONE NUMBER	CONSULTING PHYSICIAN	PHONE NUMBER
LYNCH, JOSHUA J. DO	(716) 677-2575		

EXAM REQUESTED	PACS ID #	CLINICAL INDICATION	ICD CODES
1 CT Abd+Pel w IV contrast	7229521	Abdominal Pain	

COMMENTS / SPECIAL INSTRUCTIONS:

TECHNOLOGIST'S COMMENT:

LAST 5 EXAMS:

- 1.) US Transvaginal
- 2.) MAM DIGITAL Scrn Bilat w or...
- 3.) CT Abd+Pel w IV contrast
- 4.) US Pelvic complete
- 5.) US Transvaginal

01/16/2018
01/16/2018
08/01/2017
09/22/2016
09/22/2016

PAT. UID #: 1003295790

ISOLATION CODES:

LMP	NO POTENTIAL FOR PREGNANCY EXISTS	TECH INIT.
	X	

ALLERGIES

1 No Known Medication Allergies

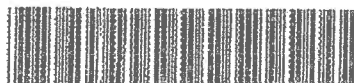
DIABETES
No

LAB RESULTS

HCT/HBG	PLT	PT/PTT/INR	BUN	CRT	HCG
				0.68	

MEDICAL RECORD NUMBER
1003295790

ACCESSION NO.
CT-18-0007802



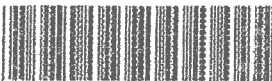
TECHNOLOGIST NAME	8 x 10	10 x 12	11 x 14	14 x 17	14 x 36	7 x 17	OTHER	TOTAL FILMS

INJECTION TIME	CONTRAST / RADIOPHARM	NO. OF CC / mCi-uCi	INJECTED / CATHED BY

PRELIMINARY RADIOLOGICAL INTERPRETATIONS:

Financial Number
75213332

Digital Dictation.



Entered by: LYNCH, JOSHUA J. DO

ORIGINAL

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DO

Dsch: 02/03/2018

CAT SCAN

EXAM	EXAM DATE/TIME	ACCESSION NUMBER	ORDERING DOCTOR
CT Abd+Pel w IV contrast	02/03/2018 12:08	CT-18-0007802	LYNCH, JOSHUA J.DO

REASON FOR EXAM

(CT Abd+Pel w IV contrast) Abdominal Pain

Findings

INDICATION: The patient is complaining of abdominal pain evaluate. Status post fall on ice yesterday , took some old oxycodone for the pain, worsening pain back, left abdominal pain 10/10, nausea.

TECHNIQUE: Contiguous helical axial images from the lung bases to the ischial tuberosities were performed following the administration of 90 cc of Omnipaque- 350. In addition delayed images of the abdomen and pelvis were obtained. Oral contrast was given. 3-D reconstruction images in the sagittal and coronal planes were generated. Saline chaser bolus delivered.

COMPARISON: None.

CT SCAN OF THE ABDOMEN:

FINDINGS:

Inferior thorax: Lung bases demonstrates dependent atelectatic changes. Inferior heart/pericardium unremarkable. A hiatal hernia is present.

Lines and tubes: None.

Liver/Biliary Tree: No significant hepatic steatosis or hepatomegaly. No suspicious lesion. Low-attenuation lesion within the liver are too small characterize by CT criteria. No significant biliary dilation. The portal, superior mesenteric and splenic veins are patent.

Gallbladder: Unremarkable.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenal glands: Within normal limits.

Kidneys/Ureters: No hydronephrosis. No suspicious renal lesion. No urinary tract calculi identified.

Retroperitoneum: No enlarged lymph nodes. The abdominal aorta is normal in caliber. The inferior vena cava is unremarkable.

Bowel/Mesentery: The bowel and mesentery unremarkable without obstruction or inflammatory changes. No enlarged mesenteric nodes. The appendix is normal.

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.D.O

CAT SCAN

EXAM	EXAM DATE/TIME	ACCESSION NUMBER	ORDERING DOCTOR
CT Abd+Pel w IV contrast	02/03/2018 12:08	CT-18-0007802	LYNCH, JOSHUA J.D.O

Findings

Ascites: None.

CT SCAN OF THE PELVIS:**FINDINGS:**

Bladder: Unremarkable.

Reproductive Organs: 2.2 cm dominant right ovarian follicle.

Lymph Nodes: None pathologically enlarged.

Free fluid: None.

Bones/superficial soft tissues: Acute mild compression fracture superior endplate of T12. No destructive lytic or sclerotic lesions. No inguinal hernias.

IMPRESSION ABDOMEN:

1. No acute intra-abdominal process.
2. Acute mild compression fracture superior endplate of T12 with fracture lines extending to involve the right posterior elements.

IMPRESSION PELVIS:

1. No acute intrapelvic process.

READ BY.....: NOTINO, ANTHONY G. MD

DICTATED: 02/03/2018 2:20 pm

TRANSCRIBED BY.....: 02/03/2018 2:20 pm AGN

SIGNED 02/03/2018 2:28 pm

ELECTRONICALLY BY...: NOTINO, ANTHONY G. MD

A Kaleida Health dictation system was used to prepare this imaging report.

Although each report is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J, DO

Dsch: 02/03/2018

Intake and Output

INTAKE		02/03/2018 - 02/04/2018			
All time in EST		0000 - 0800	0800 - 1600	1600 - 0000	Total
HYDROMORPHONE	mL	-	2	-	2
ondansetron	mL	-	4	-	4
Sodium Chloride 0.9%	mL	-	1000	-	1000
8 Hour Total	mL	-	1006	-	
24 Hour Total	mL		1006		

OUTPUT		02/03/2018 - 02/04/2018			
All time in EST		0000 - 0800	0800 - 1600	1600 - 0000	Total
8 Hour Total	mL	-	-	-	
24 Hour Total	mL	No documented output results for date range			

Clinical Range Total from 02/03/2018 to 02/04/2018

Total Intake (mL)	Total Output (mL)	Fluid Balance (mL)
1006	0	1006

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437 ...

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Disch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.DO

Care Plans Power Plans**Medical**Plan: CT Abdomen/Pelvis w/ IV contrastStatus: Completed

History: Initiated at 02/03/2018 10:23 electronically signed by LYNCH, JOSHUA J.DO



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DD
 Dsch: 02/03/2018

Past Medical History

Problem Name: Anemia

Status: Active

Age at Onset: 18 years; Onset Date: 1991; Age at Resolved: ; Resolved Date: ; Responsible Provider:

C: 09/19/2016 10:03 ; CRONIN, LINDA J.; hospitalized at age 18, dx'd as iron deficient anemia

Problem Name: Polycystic ovarian syndrome

Status: Resolved

Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 20 years; Onset Date: 03/27/1994; Age at Resolved: Unknown 21 years; Resolved Date: Unknown 1995; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 22 years; Onset Date: 10/23/1996; Age at Resolved: Unknown 23 years; Resolved Date: Unknown 1997; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 33 years; Onset Date: 03/27/2007; Age at Resolved: Unknown 34 years; Resolved Date: Unknown 2008; Responsible Provider:

Problem Name: Pregnant

Status: Resolved

Age at Onset: 34 years; Onset Date: 03/27/2008; Age at Resolved: Unknown 35 years; Resolved Date: Unknown 2009; Responsible Provider:



Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.D.O

Family History

Last Update: 09/19/2016 09:56 by CRONIN, LINDA J.

Mother: Alive

Condition		Age of Onset	Life Cycle	Severity
Hypertension	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Sister: Alive

Condition		Age of Onset	Life Cycle	Severity
Breast cancer ^{C1}	Positive			
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

C1: 09/19/2016 09:56 ; CRONIN, LINDA J.; dx'ed age 30, deceased

Sister: Alive

Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Brother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Brother: Alive

Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Cousin: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Father: Alive

Condition		Age of Onset	Life Cycle	Severity
Diabetes mellitus	Positive			
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Mat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			



Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.D.O

Dsch: 02/03/2018

Medical Record Request

Family History

Mat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
Ovarian cancer	Negative			
Thyroid disease	Negative			

Mat Grandmother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Nephew: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Niece: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Pat Grandfather: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

Pat Grandmother: Alive

Condition		Age of Onset	Life Cycle	Severity
CA - Cancer of colon	Negative			
Ovarian cancer	Negative			
Thyroid disease	Negative			

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.D.O

Allergy**Substance: No Known Medication Allergies****Recorded Date/Time**

09/19/2016 09:50

Recorded By

CRONIN, LINDA J.

Reaction Status: Active; Allergy Type: Allergy; Category Drug; Reviewed Date/Time:
 02/03/2018 10:09 ; Reviewed By: LYNCH, JOSHUA J.D.O



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female

Adm: 02/03/2018

Dscl: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DO

Orders - Medications

Documented medications

Order: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet)

Order Date/Time: 02/03/2018 09:49

Order Status: Discontinued

End-state Date/Time: 02/03/2018 15:10

End-state Reason:

Ordering Physician: LYNCH, JOSHUA J.DO

Consulting Physician:

Entered By: GAILE, MARIE P RN on 02/03/2018 09:49

Order Details: 1 tab, oral, q6h, 0, 0

Order Comment:

Action Type: Discontinue

Action Date/Time: 02/03/2018 15:11

Action Personnel: LYNCH, JOSHUA J.DO

Order Details: 1 tab, oral, q6h, 0, 0

Order Comment:

Action Type: Document

Action Date/Time: 02/03/2018 09:49

Action Personnel: GAILE, MARIE P RN

Order Details: 1 tab, oral, q6h, 0, 0

Order Comment:

Action Type: Compliance

Action Date/Time: 02/03/2018 09:49

Action Personnel: GAILE, MARIE P RN

Compliance Information:

Status: Still taking, as prescribed; Information source: Patient; Last dose date: 02/02/2018

Inpatient

Order: HYDROMORPHONE

Order Date/Time: 02/03/2018 12:39

Order Status: Completed

End-state Date/Time: 02/03/2018 12:39

End-state Reason:

Ordering Physician: LYNCH, JOSHUA J.DO

Consulting Physician:

Entered By: CZAJA, ALLYSON E RN on 02/03/2018 12:39

Order Details: 1 mg = 1 mL, injection, IV push, Once, Start date: 2/3/18 12:39:00 PM EST, Stop Date: 2/3/18 12:39:00 PM EST

Order Comment:

Action Type: Order

Action Date/Time: 02/03/2018 12:40

Action Personnel: CZAJA, ALLYSON E RN

Order Details: 1 mg = 1 mL, injection, IV push, Once, Start date: 02/03/18 12:39:00, Stop Date: 02/03/18 12:39:00

Order Comment:

Order: ondansetron

Order Date/Time: 02/03/2018 12:37

Order Status: Completed

End-state Date/Time: 02/03/2018 12:37

End-state Reason:

Ordering Physician: LYNCH, JOSHUA J.DO

Consulting Physician:

Entered By: CZAJA, ALLYSON E RN on 02/03/2018 12:37

Order Details: 4 mg = 2 mL, injection, IV push, Once, Start date: 2/3/18 12:37:00 PM EST, Stop Date: 2/3/18 12:37:00 PM EST

Order Comment:

Action Type: Order

Action Date/Time: 02/03/2018 12:37

Action Personnel: CZAJA, ALLYSON E RN

Order Details: 4 mg = 2 mL, injection, IV push, Once, Start date: 02/03/18 12:37:00, Stop Date: 02/03/18 12:37:00

Order Comment:



Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.DO

Orders - Medications

Inpatient

Order: HYDROMORPHONE (Dilaudid)

Order Date/Time: 02/03/2018 10:23

Order Status: Completed

End-state Date/Time: 02/03/2018 10:53

End-state Reason:

Ordering Physician: LYNCH, JOSHUA J.DO

Consulting Physician:

Entered By: LYNCH, JOSHUA J.DO on 02/03/2018 10:23

Order Details: 1 mg = 1 mL, injection, IV push, Once, Indication: pain, Start date: 2/3/18 11:00:00 AM EST, Stop Date: 2/3/18 10:53:40 AM EST

Order Comment:

Action Type: Complete

Action Date/Time: 02/03/2018 10:53

Action Personnel: CZAJA, ALLYSON E RN

Order Details: 1 mg = 1 mL, injection, IV push, Once, Indication: pain, Start date: 02/03/18 11:00:00, Stop Date: 02/03/18 11:00:00

Order Comment:

Action Type: Order

Action Date/Time: 02/03/2018 10:23

Action Personnel: LYNCH, JOSHUA J.DO

Order Details: 1 mg = 1 mL, injection, IV push, Once, Indication: pain, Start date: 02/03/18 11:00:00, Stop Date: 02/03/18 11:00:00

Order Comment:

Order: ondansetron (Zofran)

Order Date/Time: 02/03/2018 10:23

Order Status: Completed

End-state Date/Time: 02/03/2018 10:53

End-state Reason:

Ordering Physician: LYNCH, JOSHUA J.DO

Consulting Physician:

Entered By: LYNCH, JOSHUA J.DO on 02/03/2018 10:23

Order Details: 4 mg = 2 mL, injection, IV push, Once, Indication: nausea, Start date: 2/3/18 11:00:00 AM EST, Stop Date: 2/3/18 10:53:40 AM EST

Order Comment:

Action Type: Complete

Action Date/Time: 02/03/2018 10:53

Action Personnel: CZAJA, ALLYSON E RN

Order Details: 4 mg = 2 mL, injection, IV push, Once, Indication: nausea, Start date: 02/03/18 11:00:00, Stop Date: 02/03/18 11:00:00

Order Comment:

Action Type: Order

Action Date/Time: 02/03/2018 10:23

Action Personnel: LYNCH, JOSHUA J.DO

Order Details: 4 mg = 2 mL, injection, IV push, Once, Indication: nausea, Start date: 02/03/18 11:00:00, Stop Date: 02/03/18 11:00:00

Order Comment:

Order: Sodium Chloride 0.9% (NS bolus (Sodium Chloride 0.9%))

Order Date/Time: 02/03/2018 10:23

Order Status: Completed

End-state Date/Time: 02/03/2018 10:53

End-state Reason:

Ordering Physician: LYNCH, JOSHUA J.DO

Consulting Physician:

Entered By: LYNCH, JOSHUA J.DO on 02/03/2018 10:23

Order Details: 1,000 mL, injection, IV piggyback, Infuse over: 60 min, Once, Indication: hydration, Start date: 2/3/18 11:00:00 AM EST, Stop date: 2/3/18 10:53:41 AM EST

Order Comment:

Action Type: Complete

Action Date/Time: 02/03/2018 10:53

Action Personnel: CZAJA, ALLYSON E RN

Order Details: 1,000 mL, injection, IV piggyback, Infuse over: 60 min, Once, Indication: hydration, Start date: 02/03/18 11:00:00, Stop date: 02/03/18 11:00:00

Order Comment:

Action Type: Order

Action Date/Time: 02/03/2018 10:23

Action Personnel: LYNCH, JOSHUA J.DO

Order Details: 1,000 mL, injection, IV piggyback, Infuse over: 60 min, Once, Indication: hydration, Start date: 02/03/18 11:00:00, Stop date: 02/03/18 11:00:00

Order Comment:



Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DO

Medical Record Request

Adm: 02/03/2018 Dsch: 02/03/2018

Orders - Medications**Prescription****Order: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet)**

Order Date/Time: 02/03/2018 15:10

Order Status: Completed

End-state Date/Time: 02/06/2018 15:10

End-state Reason:

Ordering Physician: LYNCH, JOSHUA J.DO

Consulting Physician:

Entered By: LYNCH, JOSHUA J.DO on 02/03/2018 15:10

Order Details: 1 tab, oral, q6h, pain, 3 days, 12 tab, 0, 0, Route to Pharmacy Electronically, CVS/pharmacy #0589, tab

Order Comment:

Action Type: Status Change

Action Date/Time: 02/06/2018 15:10

Action Personnel: System, System

Order Details: 1 tab, oral, q6h, pain, 3 days, 12 tab, 0, 0, Route to Pharmacy Electronically, CVS/pharmacy #0589, tab

Order Comment:

Action Type: Prescribe

Action Date/Time: 02/03/2018 15:11

Action Personnel: LYNCH, JOSHUA J.DO

Order Details: 1 tab, oral, q6h, pain, 3 days, 12 tab, 0, 0, Route to Pharmacy Electronically, CVS/pharmacy #0589, tab

Order Comment:



Medical Record Request

Med Rec Nbr: 1003295790

UI Nbr: 1003295790

Financial Nbr: 75213332

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH DEGRAFF

DOB: 11/15/1973

Patient Location: D-Emergency Rm

Sex: Female

Physician: LYNCH, JOSHUA J.D.O

Adm: 02/03/2018

Dsch: 02/03/2018

Problem List

Problem Name: Anemia

Last Updated: 09/19/2016

Status Date: 09/19/2016

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Obesity

Last Updated: 09/19/2016

Status Date: 09/19/2016

Last Reviewed: 09/19/2016

Responsible Provider:

Problem Name: Polycystic ovarian syndrome

Last Updated: 09/19/2016

Status Date: 09/19/2016

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016

Status Date:

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016

Status Date:

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016

Status Date:

Last Reviewed: 02/03/2018

Responsible Provider:

Problem Name: Pregnant

Last Updated: 09/19/2016

Status Date:

Last Reviewed: 02/03/2018

Responsible Provider:



Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J. DO

Medical Record Request

Dsch: 02/03/2018

Procedures-Surgical History

Procedure: Laparoscopy

Last Updated:
09/19/2016Status:
Active

Location:

Provider:

Last Reviewed:
02/03/2018

Related Diagnosis:

C: 09/19/2016 09:54 ; CRONIN, LINDA J.; exploratory, for abdominal pain, nothing found

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.DO

Orders**Laboratory****Order: Lipase Level**

Order Date/Time: 02/03/2018 10:23

Department Status: Completed

Catalog Type: Laboratory

Activity Type: General Lab

End-state Date/Time: 02/03/2018 11:28

End-state Reason:

Ordering Physician: LYNCH, JOSHUA J.DO

Consulting Physician:

Entered & Electronically Signed By: LYNCH, JOSHUA J.DO on 02/03/2018 10:23

Order Details: Stat, 2/3/18 10:23:00 AM EST, Once, Blood, 2/3/18 11:28:46 AM EST

Order Comment:

Action Type: Complete

Action Date/Time: 02/03/2018 11:28

Action Personnel: BANKS, ROBIN L

Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 02/03/2018 11:08

Action Personnel: BANKS, ROBIN L

Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 02/03/2018 11:08

Action Personnel: BANKS, ROBIN L

Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 02/03/2018 10:23

Action Personnel: LYNCH, JOSHUA J.DO

Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00

Review Information:

Nurse Review: Electronically Signed, CZAIA, ALLYSON E RN on 02/03/2018 11:32

Doctor Cosign: Not Required

Order Comment:



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DO

Orders

Laboratory

Order: Comprehensive Metabolic Panel (CMP Comprehensive Metabolic Panel)

Department Status: Completed		Order Date/Time: 02/03/2018 10:23	
End-state Date/Time: 02/03/2018 11:28		Catalog Type: Laboratory	
Ordering Physician: LYNCH, JOSHUA J.DO		Activity Type: General Lab	
Entered & Electronically Signed By: LYNCH, JOSHUA J.DO on 02/03/2018 10:23		End-state Reason:	
Order Details: Stat, 2/3/18 10:23:00 AM EST, Once, Blood, 2/3/18 11:28:46 AM EST		Consulting Physician:	
Order Comment:			
Action Type: Complete	Action Date/Time: 02/03/2018 11:28	Action Personnel: BANKS, ROBIN L	
Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 02/03/2018 11:08	Action Personnel: BANKS, ROBIN L	
Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Status Change	Action Date/Time: 02/03/2018 11:08	Action Personnel: BANKS, ROBIN L	
Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00			
Review Information:			
Doctor Cosign: Not Required			
Order Comment:			
Action Type: Order	Action Date/Time: 02/03/2018 10:23	Action Personnel: LYNCH, JOSHUA J.DO	
Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00			
Review Information:			
Nurse Review: Electronically Signed, CZAJA, ALLYSON E RN on 02/03/2018 11:32			
Doctor Cosign: Not Required			
Order Comment:			

LYNN ROSS, M.D., P.C.

Date: 02/08/18
Name: Shaulene N Smith

Lynne Ross, M.D., P.C.
DOB: 11/15/1973 Sex: F Age: 44 yrs Acct#: 4437

PHQ2-Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total: 0				

HPI: Follow-up. 44 yo presents today for slip and fall was walking to work last friday 2/2/18 and slipped and fell and landed on her back

Lower back pain. went to the Hospital pt has T 12 compression fracture Ambulating without assistance. Mechanism of injury: fall. Located on the lower back. Present for several days. Onset of symptoms occurred on: 2/2/18 pain radiates to her abdomen pt having trouble having a BM possible from the percocet Pain radiates from the mid back to the abdomen. Has been seen by an emergency room physician. Has tried Percocet. Aggravated by bending, movement, prolonged sitting, pulling, pushing, rising from a chair, rising from a deep chair, sidelying, squatting, stairs, turning, twisting, walking and weight bearing. Alleviated by pain medication. Symptom disturbs sleep. Sleeps poorly, cannot find a comfortable position to sleep and not getting enough sleep at night. Patient reported no fever. States has decreased quality of life. Patient is able to ascend stairs and descend stairs, but unable to bend, pull, push, run, turn or twist. Previous testing: CAT scan. Has not tried anticonvulsants. Has not tried antivirals. Has not tried NSAIDs and has tried opiates. Has not tried psychotropics. Has not tried steroids. Has not tried topical anesthetics. Has not tried tricyclic. No new activities. Work status: off work. Precipitated by direct trauma to the spine.

ROS:

Meds Prior to Visit:

Losartan Potassium 25 mg take 1 tablet by mouth daily for high blood pressure
Flonase Allergy Relief 50 mcg/Act 1-2 sprays per nare per day
Vitamin D (Ergocalciferol) 50000 Unit take 1 capsule by mouth weekly for vitamin d deficiency
Ferrous Sulfate 325 (65 Fe) MG 1 by mouth twice a day
Medroxyprogesterone Acetate 10 mg 1 by mouth every day

Allergies: NKDA

PMH:

Problem List: Iron deficiency anemia, Headache, Neck pain, Body mass index 30+ - obesity

Health Maintenance:

CBC - (5/25/2017)
CMP - (5/10/2017)
Vit D - (3/17/2017) 15
FLP - (3/17/2017)
TSH - (3/17/2017)
Urinalysis - (3/17/2017)
B 12 - (3/17/2017)
Flu Shot - (9/2016) at pharmacy
Physical Exam - (8/9/2016)
HgbA1C - (3/17/2017) 5.6
Mammogram - (1/16/2018)

Surgical Hx:

uterine biopsy
cyst removal right wrist - x2
Exploratory Laparotomy, Dilation & Curettage
OB/Gyn Hx: Gravidity: (4) Parity: Full term (3), one miscarriage
Reviewed, no changes.

Shaulene N Smith DOB 11/15/1973 LYNNE ROSS, M.D., P.C.

Page #2

FH:

Father:

Diabetes. Deceased due to Unknown Causes - (age 57 Years).

Mother:

Stroke, Hypertension. Deceased due to Unknown Causes - (age 78 Years).

Siblings:9.

Brother 1:

Alive and well - (age 46 Years).

Brother 2:

Diabetes - (age 45 Years).

Sister 1:

Alive and well.

Sister 2:

Alive and well, Hypertension. Deceased due to Breast Cancer.

Sister 3:

Alive and well, Diabetes. Deceased due to Leukemia.

Sister 4:

Alive and well, Diabetes.

Sister 5:

Hypertension, Alive And Well.

Sister 6:

Alive and well.

Reviewed, no changes.

SH:

Marital: Single.**Lives With:** Children.**Pets:** 1 dog.**Occupation:** stay at home Mom.**Work Status:**

Unemployed.**Diet:** Adequate diet.**Sleep:** Reports normal sleep activity, Typically sleeps 5 hours a night.

Personal Habits: **Smoking:** Patient has never smoked.**Alcohol:** Denies alcohol use.**Drug Use:** Denies Drug

Use.**Daily Caffeine:** Consumes on average 2 cups of hot tea per day.**Exercise Type:** Does not

exercise.**Tattoo/Piercing:** Tattoo, Pierced ears.

Reviewed, no changes.

Date: 02/08/2018

Was the patient queried about smoking behavior? ☐ Yes ☐ No

Does the patient currently smoke? **Smoking:** Patient has never smoked.

Wt: 159lb 2oz **Wt Prior:** 165lb 4oz as of 05/17/17 **Wt Dif:** -6lb -2.0oz **Ht:** 60" 5'0" **BP:** 130/80 **Pulse:** 70
Resp: 16 **O2SatR:** 99 **IBW:** 100 **BMI:** 31.1

Exam:

Const: Appears well developed and well nourished. No signs of acute distress present.

Head/Face: Atraumatic, normocephalic on inspection.

Neck: Supple. No masses appreciated. Trachea midline. No jugular venous distention.

Resp: Respiration rate is normal. No wheezing. Clear to auscultation bilaterally. No rales or rhonchi appreciated over the lungs bilaterally.

CV: Rate is regular. Rhythm is regular. S1 is normal. S2 is normal. No gallop or rubs. No heart murmur appreciated. **Extremities:** No clubbing or cyanosis. No edema of lower limbs bilaterally.

Musculo: Walks with a limping gait and walks with a slow gait. **Spine:** Landmarks are equal, spinal contour is normal and landmarks are equal and spinal contour is normal. Normal to palpation. Moderate midline tenderness at the lumbar spinous process, significant midline tenderness at the thoracic spinous process. No obvious instability. **Strength:** Motor strength is intact. Limited left lateral flexion with pain. Limited right lateral flexion with discomfort. Limited extension with pain. Limited flexion with pain. Limited left rotation with pain. Limited right rotation with pain.

Neuro: Alert and oriented x3. Awake. Speech is fluent with no aphasia. **Upper Extremities:** motor strength is 5/5 bilaterally. **Lower Extremities:** motor strength is 5/5 bilaterally.

Cranial Nerves: Cranial nerves II-XII grossly intact.

Psych: Mood/Affect: Mood is normal. **Cognition:** Knowledge and vocabulary are consistent with education. **Risk Assessment:** Suicidality: None. Homicidality: None. Dangerousness: None, others and self.

Shaulene N Smith DOB 11/15/1973 LYNNE ROSS, M.D., P.C.

Page #3

Assessment #1: M54.9 Dorsalgia, unspecified

Care Plan:

Comments

: Acute.

pt will be out of work for the next few weeks
will give note when she needs to go back to work
went to the ER T 12 mild compression fracture

Med New

: Gabapentin 100 mg

take 1 capsule by mouth at bedtimes as needed for nerve pain
Cyclobenzaprine HCL 5 mg

take 1 tablet by mouth 3 times per day
as needed for muscle spasm

Naproxen DR 500 mg Take 1 tablet by mouth 2 times per day

Correspond's

: Excuse From Work

Assessment #2: Z68.31 Body mass index (BMI) 31.0-31.9, adult

Care Plan:

Comments

: D&E

Plan Other:

Comments

: D&E

Med Discont

: Vitamin D (Ergocalciferol) 50000 Unit

take 1 capsule by mouth weekly for vitamin d deficiency

Ferrous Sulfate 325 (65 Fe) MG 1 by mouth twice a day

Correspond's

: Excuse From Work

BMI: 31.1

Updated plan of care and medications reviewed and reconciled with patient, taking into consideration patient's preferences, potential barriers assessed and addressed as needed, health literacy assessed, and patient verbalized understanding of plan of care.



Deborah Bush, FNP-BC

Seen by: Electronically signed by Deborah Bush, FNP on 02/08/2018 at 1:06 pm



Lynne Ross, M.D.

Electronically signed by Lynne Ross, M.D., P.C. on 02/08/2018





Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.D.O

Vascular Access

Peripheral IV's

Recorded By: CZA JA ALLYSON E RN CZA JA ALLYSON E RN
 Recorded Date: 02/03/2018 02/03/2018
 Recorded Time: 15:00 12:00

Procedure Units Reference Range

Left Antecubital 20 gauge

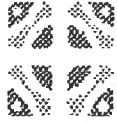
Peripheral IV Fluid Infusing:	-	ns		
Peripheral IV Activity:	Discontinue	Assess		
Peripheral IV Site Condition:	No complications	No complications		
Peripheral IV Dressing:	Dry, Intact, Transparent	-		
Peripheral IV Patency:	No complications	-		

Recorded By: CZA JA ALLYSON E RN
 Recorded Date: 02/03/2018
 Recorded Time: 10:00

Procedure Units Reference Range

Left Antecubital 20 gauge

Peripheral IV Fluid Infusing:	sl		
Peripheral IV Activity:	Start		
Peripheral IV Number of Attempts:	1		
Peripheral IV Site Condition:	No complications		
Peripheral IV Dressing:	Dry, Intact, Transparent		
Peripheral IV Patency:	No complications		

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

Ut Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J, DO

Integumentary**Integumentary Assessment**Recorded By GAILE, MARIE P, RNRecorded Date 02/03/2018Recorded Time 09:45Procedure

Skin Integrity

Intact, no abnormalities



Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DD
 Dsch: 02/03/2018

Medical Record Request

Neurological

Neurological Assessment

Recorded By	GAILE MARIE P RN
Recorded Date	02/03/2018
Recorded Time	09:45
Procedure	
Orientation Assessment	Oriented x 4
Level of Consciousness	Alert
Dysphagia Screen Result	Pass

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

General Info**Activity**

Recorded By GAILE MARIE P RN
Recorded Date 02/03/2018
Recorded Time 09:45
Procedure
 Activity Assistance: See Below T1

Textual Results

T1: 02/03/2018 09:45 (Activity Assistance)
 Independent/No Lift Device Applicable

Miscellaneous Information

Recorded By	CZAJA ALLYSON E RN	CZAJA ALLYSON E RN	GAILE MARIE P RN
Recorded Date	02/03/2018	02/03/2018	02/03/2018
Recorded Time	15:00	12:00	09:45
Procedure			
ED Nursing Reassessment Completed	Yes	Yes	-
Travel Within Last 21 Days	-	-	No
ID Ebola Screen Close Contact Travel	-	-	No
ID Ebola Screen Close Contact Caregiver	-	-	No

Recorded By CZAJA ALLYSON E RN
Recorded Date 02/03/2018
Recorded Time 09:00
Procedure
 ED Nursing Reassessment Completed: Yes



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Dsch: 02/03/2018

Orders

Laboratory

Order: CBC w/Differential (CBC Diff)

Order Date/Time: 02/03/2018 10:23
 Department Status: Completed Catalog Type: Laboratory Activity Type: General Lab
 End-state Date/Time: 02/03/2018 11:53 End-state Reason:
 Ordering Physician: LYNCH, JOSHUA J. DO Consulting Physician:
 Entered & Electronically Signed By: LYNCH, JOSHUA J. DO on 02/03/2018 10:23
 Order Details: Stat, 2/3/18 10:23:00 AM EST, Once, Blood, 2/3/18 11:53:06 AM EST
 Order Comment:
 Action Type: Complete Action Date/Time: 02/03/2018 11:53 Action Personnel: VICTOR, BONNIE S
 Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS, ROBIN L
 Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Status Change Action Date/Time: 02/03/2018 11:08 Action Personnel: BANKS, ROBIN L
 Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Order Action Date/Time: 02/03/2018 10:23 Action Personnel: LYNCH, JOSHUA J. DO
 Order Details: Stat, 02/03/18 10:23:00, Once, Blood, 02/03/18 10:23:00
 Review Information:
 Nurse Review: Electronically Signed, CZAJA, ALLYSON E RN on 02/03/2018 11:32
 Doctor Cosign: Not Required
 Order Comment:

Patient Care

Order: Medication Re-Evaluation 15 min

Order Date/Time: 02/03/2018 12:40
 Department Status: Discontinued Catalog Type: Patient Care Activity Type: Communication Orders
 End-state Date/Time: 02/07/2018 16:16 End-state Reason:
 Ordering Physician: System, System Consulting Physician:
 Entered & Electronically Signed By: System, System on 02/03/2018 12:40
 Order Details: 2/3/18 12:40:19 PM EST
 Order Comment: Order generated by kh_fn_response_event_1 rule
 Action Type: Discontinue Action Date/Time: 02/07/2018 16:16 Action Personnel: System, System
 Order Details: 02/03/18 12:40:19
 Review Information:
 Doctor Cosign: Not Required
 Order Comment:
 Action Type: Order Action Date/Time: 02/03/2018 12:40 Action Personnel: System, System
 Order Details: 02/03/18 12:40:19
 Review Information:
 Nurse Review: Electronically Signed, CZAJA, ALLYSON E RN on 02/03/2018 13:37
 Doctor Cosign: Not Required
 Order Comment: Order generated by kh_fn_response_event_1 rule

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

Uf Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Orders**Patient Care****Order: Medication Re-Evaluation 15 min**

Order Date/Time: 02/03/2018 10:53		
Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Communication Orders
End-state Date/Time: 02/07/2018 16:16		End-state Reason:
Ordering Physician: System, System		Consulting Physician:
Entered & Electronically Signed By: System, System on 02/03/2018 10:53		
Order Details: 2/3/18 10:53:40 AM EST		
Order Comment: Order generated by kh_fn_response_event_1 rule		
Action Type: Discontinue	Action Date/Time: 02/07/2018 16:16	Action Personnel: System, System
	Order Details: 02/03/18 10:53:40	
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 02/03/2018 10:53	Action Personnel: System, System
	Order Details: 02/03/18 10:53:40	
Review Information:		
Nurse Review: Electronically Signed, CZAJA, ALLYSON E RN on 02/03/2018 11:32		
Doctor Cosign: Not Required		
Order Comment: Order generated by kh_fn_response_event_1 rule		

Order: Saline Lock Insert

Order Date/Time: 02/03/2018 10:23		
Department Status: Discontinued	Catalog Type: Patient Care	Activity Type: Asmt/Tx/Monitoring
End-state Date/Time: 02/07/2018 16:16		End-state Reason:
Ordering Physician: LYNCH, JOSHUA J. DO		Consulting Physician:
Entered & Electronically Signed By: LYNCH, JOSHUA J. DO on 02/03/2018 10:23		
Order Details: 2/3/18 10:23:00 AM EST		
Order Comment:		
Action Type: Discontinue	Action Date/Time: 02/07/2018 16:16	Action Personnel: System, System
	Order Details: 02/03/18 10:23:00	
Review Information:		
Doctor Cosign: Not Required		
Order Comment:		
Action Type: Order	Action Date/Time: 02/03/2018 10:23	Action Personnel: LYNCH, JOSHUA J. DO
	Order Details: 02/03/18 10:23:00	
Review Information:		
Nurse Review: Electronically Signed, CZAJA, ALLYSON E RN on 02/03/2018 11:32		
Doctor Cosign: Not Required		
Order Comment:		



Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dscl: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J. DO

Orders

Radiology

Order: CT Abd+Pel w IV contrast

Order Date/Time: 02/03/2018 10:23

Department Status: Completed

Catalog Type: Radiology

Activity Type: Radiology

End-state Date/Time: 02/03/2018 14:29

End-state Reason:

Ordering Physician: LYNCH, JOSHUA J. DO

Consulting Physician:

Entered & Electronically Signed By: LYNCH, JOSHUA J. DO on 02/03/2018 10:23

Order Details: Stat, 2/3/18 10:23:00 AM EST, Abdominal Pain, Standard, Wheelchair, LYNCH, JOSHUA J. DO

Order Comment:

Action Type: Complete

Action Date/Time: 02/03/2018 14:29

Action Personnel: NOTINO, ANTHONY G. MD

Order Details: Stat, 02/03/18 10:23:00, Abdominal Pain, Standard, Wheelchair, LYNCH, JOSHUA J. DO

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 02/03/2018 12:08

Action Personnel: MEDERSKI, SARA Certified
CATT Scan Technologi

Order Details: Stat, 02/03/18 10:23:00, Abdominal Pain, Standard, Wheelchair, LYNCH, JOSHUA J. DO

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Status Change

Action Date/Time: 02/03/2018 12:04

Action Personnel: MEDERSKI, SARA Certified
CATT Scan Technologi

Order Details: Stat, 02/03/18 10:23:00, Abdominal Pain, Standard, Wheelchair, LYNCH, JOSHUA J. DO

Review Information:

Doctor Cosign: Not Required

Order Comment:

Action Type: Order

Action Date/Time: 02/03/2018 10:23

Action Personnel: LYNCH, JOSHUA J. DO

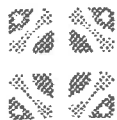
Order Details: Stat, 02/03/18 10:23:00, Abdominal Pain, Standard, Wheelchair, LYNCH, JOSHUA J. DO

Review Information:

Nurse Review: Electronically Signed, CZAIA, ALLYSON E RN on 02/03/2018 11:32

Doctor Cosign: Not Required

Order Comment:

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.D.O

Dsch: 02/03/2018

Assessment and Screen Forms

Pain Assessment Entered On: 2/3/2018 13:38
 Performed On: 2/3/2018 11:04 by CZAJA, ALLYSON E RN

Intervention Information:

HYDROMORPHONE

Performed by CZAJA, ALLYSON E RN on 2/3/2018 10:49:00

HYDROMORPHONE, 1mg
 IV push, Antecubital Fossa, Left

Pain Scale

Primary Pain Present : No actual or suspected pain

Primary Preferred Pain Tool : FACES/Numeric rating scale

CZAJA, ALLYSON E RN - 2/3/2018 13:37

Pain Scale - Preferred Pain Tool Amb

Primary FACES/Numeric Rating at Rest : 0 = No pain

Primary FACES/Numeric Rating Activity : 0 = No pain

Primary FACES/Numeric Rating Score Rest : 0

Primary FACES/Numeric Rating Score Active : 0

CZAJA, ALLYSON E RN - 2/3/2018 13:37

Pain Assessment

Location : Other: back, abdomen, left side

Laterality : Left

Quality : Aching

Primary Pain Time Pattern : Acute

CZAJA, ALLYSON E RN - 2/3/2018 13:37



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Dsch: 02/03/2018

Event Assessment

Recorded By	CZAJA, ALLYSON E RN	CZAJA, ALLYSON E RN
Recorded Date	02/03/2018	02/03/2018
Recorded Time	15:30	15:00
Procedure		
Ed-When to Call Health Care Provider	Verbalizes understanding	-
Ed-Activity Expectations	Verbalizes understanding	-
ED Nursing Reassessment Completed	-	Yes
Ed-Diagnostic Results	Verbalizes understanding	-
Barriers to Learning	None evident	-
Teaching Method	Explanation, Printed materials	-
Ed-Pain Management	Verbalizes understanding	-
Primary Pain Present	Yes actual or suspected pain	No actual or suspected pain
Primary Preferred Pain Tool	FACES/Numeric rating scale	-
Primary FACES/Numeric Rating at Rest	2	-
Primary FACES/Numeric Rating Score Rest	2	-
Primary FACES/Numeric Rating Activity	4	-
Primary FACES/Numeric Rating Score Activ	4	-
Primary Pain Location	Back	-
Primary Pain Laterality	Upper	-
Primary Pain Time Pattern	Acute	-
	Left Antecubital 20 gauge	-
Peripheral IV Activity:	-	Discontinue
Peripheral IV Site Condition:	-	No complications
Peripheral IV Dressing:	-	Dry, Intact, Transparent
Peripheral IV Patency:	-	No complications

Recorded By	SCHWARTZMYER, JULIE L PCA	CZAJA, ALLYSON E RN
Recorded Date	02/03/2018	02/03/2018
Recorded Time	13:00	12:42
Procedure		
Temperature Oral	36.6	-
Respiratory Rate	16	-
Systolic Blood Pressure	142 ^{mmHg}	-
Diastolic Blood Pressure	91 ^{mmHg}	-
Mean Arterial Pressure, Cuff	108 ^{mmHg}	-
Respirations	-	Unlabored
Respiratory Pattern	-	Regular
Primary Pain Present	-	Yes actual or suspected pain
Primary Acceptable Pain Level	-	0 = No pain
Primary Preferred Pain Tool	-	FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest	-	6
Primary FACES/Numeric Rating Score Rest	-	6
Primary FACES/Numeric Rating Activity	-	6
Primary FACES/Numeric Rating Score Activ	-	6
Primary Pain Location	-	Other: back, abdomen, left side
Primary Pain Laterality	-	Left
Primary Pain Quality	-	Aching
Pulse Rate, Peripheral	70	-



Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.D.O

Event Assessment

<u>Recorded By</u>	<u>CZAJA, ALLYSON E RN</u>	<u>CZAJA, ALLYSON E RN</u>
<u>Recorded Date</u>	<u>02/03/2018</u>	<u>02/03/2018</u>
<u>Recorded Time</u>	<u>12:00</u>	<u>11:20</u>
<u>Procedure</u>		
ED Nursing Reassessment Completed	Yes	-
GI Symptoms	Nausea	-
Respirations	Unlabored	-
Respiratory Pattern	Regular	-
Primary Pain Present	Yes actual or suspected pain	No actual or suspected pain
Primary Acceptable Pain Level	0 = No pain	-
Primary Preferred Pain Tool	FACES/Numeric rating scale	FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest	4	0 = No pain
Primary FACES/Numeric Rating Score Rest	4	0
Primary FACES/Numeric Rating Activity	4	0 = No pain
Primary FACES/Numeric Rating Score Activ	4	0
Primary Pain Location	Other: back, left side, abdomen	-
Primary Pain Laterality	Left	-
Primary Pain Quality	Aching	-
	Left Antecubital 20 gauge	-
Peripheral IV Fluid Infusing:	ns	-
Peripheral IV Activity:	Assess	-
Peripheral IV Site Condition:	No complications	-

<u>Recorded By</u>	<u>CZAJA, ALLYSON E RN</u>	<u>SCHWARTZMYER, JULIE L PCA</u>
<u>Recorded Date</u>	<u>02/03/2018</u>	<u>02/03/2018</u>
<u>Recorded Time</u>	<u>11:04</u>	<u>11:00</u>
<u>Procedure</u>		
Temperature Oral	-	36.4
Respiratory Rate	-	16
Systolic Blood Pressure	-	126 ¹¹
Diastolic Blood Pressure	-	64
Mean Arterial Pressure, Cuff	-	85
Primary Pain Present	No actual or suspected pain	-
Primary Preferred Pain Tool	FACES/Numeric rating scale	-
Primary FACES/Numeric Rating at Rest	0 = No pain	-
Primary FACES/Numeric Rating Score Rest	0	-
Primary FACES/Numeric Rating Activity	0 = No pain	-
Primary FACES/Numeric Rating Score Activ	0	-
Primary Pain Location	Other: back, abdomen, left side	-
Primary Pain Laterality	Left	-
Primary Pain Quality	Aching	-
Primary Pain Time Pattern	Acute	-
Pulse Rate, Peripheral	-	62

<u>Recorded By</u>	<u>CZAJA, ALLYSON E RN</u>	<u>CZAJA, ALLYSON E RN</u>	<u>BANKS, ROBIN L</u>
<u>Recorded Date</u>	<u>02/03/2018</u>	<u>02/03/2018</u>	<u>02/03/2018</u>
<u>Recorded Time</u>	<u>11:00</u>	<u>10:49</u>	<u>10:23</u>
<u>Procedure</u>			
AST	-	-	15
Albumin Level	-	-	3.8
Bilirubin	-	-	0.6
BUN	-	-	8
Calcium Level	-	-	10.1



Medical Record Request

Med Rec Nbr: 1003295790

Uf Nbr: 1003295790

Financial Nbr: 75213332

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH DEGRAFF

DOB: 11/15/1973

Patient Location: D-Emergency Rm

Sex: Female

Physician: LYNCH, JOSHUA J.D.O

Adm: 02/03/2018

Dsch: 02/03/2018

Event Assessment

<u>Recorded By</u>	<u>CZAJA, ALLYSON E RN</u>	<u>CZAJA, ALLYSON E RN</u>	<u>BANKS, ROBIN L</u>
<u>Recorded Date</u>	<u>02/03/2018</u>	<u>02/03/2018</u>	<u>02/03/2018</u>
<u>Recorded Time</u>	<u>11:00</u>	<u>10:49</u>	<u>10:23</u>
<u>Procedure</u>			
Chloride	-	-	105
Carbon Dioxide	-	-	25
Creatinine	-	-	0.64
Lipase Level	-	-	39
Potassium Level	-	-	4.1
Protein	-	-	7.1
Sodium Level	-	-	137
GFR	-	-	>60"
ALT	-	-	11
Respirations	Unlabored	-	-
Respiratory Pattern	Regular	-	-
Primary Preferred Pain Tool	-	FACES/Numeric rating scale	-
Primary FACES/Numeric Rating at Rest	-	10 = Worst possible pain	-

<u>Recorded By</u>	<u>VICTOR, BONNIE S</u>	<u>CZAJA, ALLYSON E RN</u>	<u>GAILE, MARIE P RN</u>
<u>Recorded Date</u>	<u>02/03/2018</u>	<u>02/03/2018</u>	<u>02/03/2018</u>
<u>Recorded Time</u>	<u>10:23</u>	<u>10:00</u>	<u>09:46</u>
<u>Procedure</u>			
Activity Assistance	-	-	See Below ¹¹
Temperature Oral	-	-	36.9
Respiratory Rate	-	-	18
SpO2 Monitored, EKG	-	-	100
Oxygen Therapy	-	-	Room air
Systolic Blood Pressure	-	-	140"
Diastolic Blood Pressure	-	-	98"
Level of Consciousness	-	-	Alert
Orientation Assessment	-	-	Oriented x 4
Hgb	11.5 ^L	-	-
Hct	35.1 ^L	-	-
Platelet	257	-	-
WBC	6.0	-	-
RBC	4.31	-	-
Neut Abs	3.4	-	-
Lymph Abs	1.9	-	-
Mono Abs	0.4	-	-
Eos Abs	0.2	-	-
Baso Abs	0.0	-	-
GI Symptoms	-	Nausea	-
Travel Within Last 21 Days	-	-	No
ID Ebola Screen Close Contact Travel	-	-	No
ID Ebola Screen Close Contact Caregiver	-	-	No
Primary Pain Present	-	-	Yes actual or suspected pain
Primary Preferred Pain Tool	-	-	FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest	-	-	10 = Worst possible pain
Primary FACES/Numeric Rating Score Rest	-	-	10
Primary Pain Location	-	-	Other: back, left side, abd.
Mode of Arrival	-	-	Walked
Pulse Rate, Peripheral	-	-	64
Height/Length Dosing	-	-	154.9
Weight Dosing	-	-	67.59

Printed: 03/02/2018 14:49

Page 65 of 77



Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J, DO

Medical Record Request

Dsch: 02/03/2018

Event Assessment

Recorded By	VICTOR BONNIE S	CZAJA, ALLYSON E RN	GAILE MARIE P RN
Recorded Date	02/03/2018	02/03/2018	02/03/2018
Recorded Time	10:23	10:00	09:45
Procedure			
BSA Dosing	-	-	1.71
Body Mass Index Dosing	-	-	28.17
	Left Antecubital 20 gauge		
Peripheral IV Fluid Infusing:	-	sl	-
Peripheral IV Activity:	-	Start	-
Peripheral IV Number of Attempts:	-	1	-
Peripheral IV Site Condition:	-	No complications	-
Peripheral IV Dressing:	-	Dry, Intact, Transparent	-
Peripheral IV Patency:	-	No complications	-

Textual Results

T1: 02/03/2018 09:45 (Activity Assistance)
 Independent/No Lift Device Applicable

Recorded By	BANKS, LISA S Admin Support	CZAJA, ALLYSON E RN
Recorded Date	02/03/2018	02/03/2018
Recorded Time	09:44	09:00
Procedure		
ED Nursing Reassessment Completed	-	Yes
Ed-Call Light Use, Conventional	-	Verbalizes understanding
Ed-Unit Procedures	-	Verbalizes understanding
Mode of Arrival	Walked	-

Interpretive Data

i1: GFR
 Interpretation of Estimated Glomerular Filtration Rate (eGFR)
 values (for adults only):

The eGFR is estimated using the abbreviated MDRD Study equation based on creatinine (IDMS calibrated), age, gender and ethnicity. The eGFR is provided as an aid in the assessment of renal function in adults. eGFR for both Non-African American and African American ethnicities are provided. eGFR ≥ 60 are reported as ≥ 60 .

Chronic kidney disease (CKD) is defined as either kidney damage or eGFR < 60 mL/min/1.73 m² for ≥ 3 months. Patients with eGFR values ≥ 60 mL/min/1.73 m² may also have CKD if evidence of persistent proteinuria is present.

Stages of CKD associated with eGFR < 60 mL/min/1.73 m²:

Stage 3	Moderate decrease in GFR	GFR = 30-59
Stage 4	Severe decrease in GFR	GFR = 15-29
Stage 5	Kidney failure	GFR = < 15



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO
 Dsch: 02/03/2018

Education

General

Recorded By: CZAJA, ALLYSON E RN
 Recorded Date: 02/03/2018
 Recorded Time: 15:30

CZAJA, ALLYSON E RN
 02/03/2018
 09:00

Procedure

Ed-Pain Management	Verbalizes understanding	-
Ed-Activity Expectations	Verbalizes understanding	-
Ed-Diagnostic Results	Verbalizes understanding	-
Ed-Unit Procedures	-	Verbalizes understanding
Ed-When to Call Health Care Provider	Verbalizes understanding	-

Skin & Wound

Recorded By: CZAJA, ALLYSON E RN
 Recorded Date: 02/03/2018
 Recorded Time: 15:30

Procedure

Ed-Pain Management : Verbalizes understanding

ADL's/Safety

Recorded By: CZAJA, ALLYSON E RN
 Recorded Date: 02/03/2018
 Recorded Time: 09:00

Procedure

Ed-Call Light Use, Conventional : Verbalizes understanding

Learning Assessment

Recorded By: CZAJA, ALLYSON E RN
 Recorded Date: 02/03/2018
 Recorded Time: 15:30

Procedure

Barriers to Learning : None evident
 Teaching Method : Explanation, Printed materials

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

Ut Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Measurements

Recorded By GAILE MARIE P RN			
Recorded Date 02/03/2018			
Recorded Time 09:45			
Procedure		Units	Reference Range
Height/Length Dosing	154.9	cm	
Weight Dosing	67.59	kg	
BSA Dosing	1.71	m2	
Body Mass Index Dosing	28.17	kg/m2	
Inches	51	in	
Lbs	149	lb	



Medical Record Request

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.D.O

Vital Signs

Recorded By: SCHWARTZMYER, JULIE L PCA

Recorded Date: 02/03/2018

Recorded Time: 13:00

Procedure

Units Reference Range

Temperature Oral	36.6	degC	[35.8-37.3]
Pulse Rate, Peripheral	70	bpm	[60-100]
Systolic Blood Pressure	142 ^H	mmHg	[90-120]
Diastolic Blood Pressure	91 ^H	mmHg	[50-80]
Mean Arterial Pressure, Cuff	108 ^H	mmHg	[63-93]
Respiratory Rate	16	BR/min	[12-24]

Recorded By: SCHWARTZMYER, JULIE L PCA

Recorded Date: 02/03/2018

Recorded Time: 11:00

Procedure

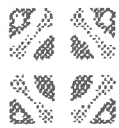
GAILE MARIE P RN

Recorded Date: 02/03/2018

Recorded Time: 09:45

Units Reference Range

Temperature Oral	36.4	36.9	degC	[35.8-37.3]
Pulse Rate, Peripheral	62	64	bpm	[60-100]
Systolic Blood Pressure	126 ^H	140 ^H	mmHg	[90-120]
Diastolic Blood Pressure	64	98 ^H	mmHg	[50-80]
Mean Arterial Pressure, Cuff	85	-	mmHg	[63-93]
SpO2 Monitored, EKG	-	100	%	[92-100]
Respiratory Rate	16	18	BR/min	[12-24]



Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

U/Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J DO

Medical Record Request

Pain

Pain Assessment

Recorded By	CZAJA, ALLYSON E RN	CZAJA, ALLYSON E RN
Recorded Date	02/03/2018	02/03/2018
Recorded Time	15:30	15:00
Procedure		
Primary Pain Present	Yes actual or suspected pain	No actual or suspected pain
Primary Preferred Pain Tool	FACES/Numeric rating scale	-
Primary FACES/Numeric Rating at Rest	2	-
Primary FACES/Numeric Rating Score Rest	2	-
Primary FACES/Numeric Rating Activity	4	-
Primary FACES/Numeric Rating Score Activ	4	-
Primary Pain Location	Back	-
Primary Pain Laterality	Upper	-
Primary Pain Time Pattern	Acute	-

Recorded By	CZAJA, ALLYSON E RN	CZAJA, ALLYSON E RN
Recorded Date	02/03/2018	02/03/2018
Recorded Time	12:42	12:00
Procedure		
Primary Pain Present	Yes actual or suspected pain	Yes actual or suspected pain
Primary Acceptable Pain Level	0 = No pain	0 = No pain
Primary Preferred Pain Tool	FACES/Numeric rating scale	FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest	6	4
Primary FACES/Numeric Rating Score Rest	6	4
Primary FACES/Numeric Rating Activity	6	4
Primary FACES/Numeric Rating Score Activ	6	4
Primary Pain Location	Other: back, abdomen, left side	Other: back, left side, abdomen
Primary Pain Laterality	Left	Left
Primary Pain Quality	Aching	Aching

Recorded By	CZAJA, ALLYSON E RN	CZAJA, ALLYSON E RN
Recorded Date	02/03/2018	02/03/2018
Recorded Time	11:20	11:04
Procedure		
Primary Pain Present	No actual or suspected pain	No actual or suspected pain
Primary Preferred Pain Tool	FACES/Numeric rating scale	FACES/Numeric rating scale
Primary FACES/Numeric Rating at Rest	0 = No pain	0 = No pain
Primary FACES/Numeric Rating Score Rest	0	0
Primary FACES/Numeric Rating Activity	0 = No pain	0 = No pain
Primary FACES/Numeric Rating Score Activ	0	0
Primary Pain Location	-	Other: back, abdomen, left side
Primary Pain Laterality	-	Left
Primary Pain Quality	-	Aching
Primary Pain Time Pattern	-	Acute

Recorded By	CZAJA, ALLYSON E RN	GAILE, MARIE P RN
Recorded Date	02/03/2018	02/03/2018
Recorded Time	10:49	09:45
Procedure		
Primary Pain Present	-	Yes actual or suspected pain
Primary Preferred Pain Tool	FACES/Numeric rating scale	FACES/Numeric rating scale

Printed: 03/02/2018 14:49

Page 70 of 77

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J. DO

Pain**Pain Assessment**

Recorded By	CZAJA, ALLYSON E RN	GAILE, MARIE P RN
Recorded Date	02/03/2018	02/03/2018
Recorded Time	10:49	09:45
<u>Procedure</u>		
Primary FACES/Numeric Rating at Rest	10 = Worst possible pain	10 = Worst possible pain
Primary FACES/Numeric Rating Score Rest	-	10
Primary Pain Location	-	Other: back, left side, abd.

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

Of Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Respiratory**Respiratory Assessment**

<u>Recorded By</u>	<u>CZAJA, ALLYSON E RN</u>	<u>CZAJA, ALLYSON E RN</u>	<u>CZAJA, ALLYSON E RN</u>
<u>Recorded Date</u>	02/03/2018	02/03/2018	02/03/2018
<u>Recorded Time</u>	12:42	12:00	11:00
<u>Procedure</u>			
Respirations	Unlabored	Unlabored	Unlabored
Respiratory Pattern	Regular	Regular	Regular

<u>Recorded By</u>	<u>GAILE, MARIE P RN</u>
<u>Recorded Date</u>	02/03/2018
<u>Recorded Time</u>	09:45
<u>Procedure</u>	
Oxygen Therapy	Room air

Ventilator

<u>Recorded By</u>	<u>GAILE, MARIE P RN</u>
<u>Recorded Date</u>	02/03/2018
<u>Recorded Time</u>	09:45
<u>Procedure</u>	
SpO2 Monitored, EKG	100



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Dsch: 02/03/2018

Gastrointestinal

Gastrointestinal Assessment

<u>Recorded By</u>	<u>CZAJA, ALLYSON E RN</u>	<u>CZAJA, ALLYSON E RN</u>		
<u>Recorded Date</u>	<u>02/03/2018</u>	<u>02/03/2018</u>		
<u>Recorded Time</u>	<u>12:00</u>	<u>10:00</u>		
<u>Procedure</u>			<u>Units</u>	<u>Reference Range</u>
GI Symptoms	Nausea	Nausea		

Date: 03/01/18
Name: Shaulene N Smith

Lynne Ross, M.D., P.C.
DOB: 11/15/1973 Sex: F Age: 44 yrs Acct#: 4437

PHQ2-Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total: 0				

HPI: Follow-up. 44 yo female presents today for work note
pt still has pain in her back that radiates to the left side with some burning sensation and travels. with difficulty sleep bc the pain radiates to her hip.
some depression from the pain that she wants to activities and at times just can't plus she wants to go back to work.

ROS:

Meds Prior to Visit:

- Gabapentin 100 mg take 1 capsule by mouth at bedtimes as needed for nerve pain
- Cyclobenzaprine HCL 5 mg take 1 tablet by mouth 3 times per day as needed for muscle spasm
- Naproxen DR 500 mg Take 1 tablet by mouth 2 times per day
- Losartan Potassium 25 mg take 1 tablet by mouth daily for high blood pressure
- Flonase Allergy Relief 50 mcg/Act 1-2 sprays per nare per day

Allergies: NKDA

PMH:

Problem List: Iron deficiency anemia, Headache, Neck pain, Body mass index 30+ - obesity

Health Maintenance:

CBC - (2/3/2018)
CMP - (2/3/2018)
Vit D - (3/17/2017) 15
FLP - (11/15/2017)
TSH - (11/15/2017)
Urinalysis - (11/15/2017)
B 12 - (3/17/2017)
Flu Shot - (9/2016) at pharmacy
Physical Exam - (8/9/2016)
HgbA1C - (3/17/2017) 5.6
Mammogram - (1/16/2018)

Surgical Hx:

uterine biopsy
cyst removal right wrist - x2
Exploratory Laparotomy, Dilation & Curettage
OB/Gyn Hx: Gravidity: (4) Parity: Full term (3), one miscarriage
Reviewed, no changes.

FH:

Father:

Diabetes. Deceased due to Unknown Causes - (age 57 Years).

Mother:

Stroke, Hypertension. Deceased due to Unknown Causes - (age 78 Years).

Siblings: 9.

Brother 1:

Alive and well - (age 46 Years).

Brother 2:

Diabetes - (age 45 Years).

Shaulene N Smith DOB 11/15/1973 LYNNE ROSS, M.D., P.C.

Page #2

Sister 1:

Alive and well.

Sister 2:

Alive and well, Hypertension. Deceased due to Breast Cancer.

Sister 3:

Alive and well, Diabetes. Deceased due to Leukemia.

Sister 4:

Alive and well, Diabetes.

Sister 5:

Hypertension, Alive And Well.

Sister 6:

Alive and well.

Reviewed, no changes.

SH:

Marital: Single. **Lives With:** Children. **Pets:** 1 dog. **Occupation:** stay at home Mom. **Work Status:** Unemployed. **Diet:** Adequate diet. **Sleep:** Reports normal sleep activity, Typically sleeps 5 hours a night. **Personal Habits:** **Smoking:** Patient has never smoked. **Alcohol:** Denies alcohol use. **Drug Use:** Denies Drug Use. **Daily Caffeine:** Consumes on average 2 cups of hot tea per day. **Exercise Type:** Does not exercise. **Tattoo/Piercing:** Tattoo, Pierced ears.

Reviewed, no changes.

Date: 02/28/2018

Was the patient queried about smoking behavior? ☐ Yes ☐ No**Does the patient currently smoke?** **Smoking:** Patient has never smoked.

Wt: 159lb 6oz **Wt Prior:** 159lb 2oz as of 02/08/18 **Wt Dif:** +0lb 4.0oz **Ht:** 60" 5'0" **BP:** 146/104 **Pulse:** 92 **Resp:** 16 **O2SatR:** 99 **IBW:** 100 **BMI:** 31.1

Exam:**Const:** Appears well developed and well nourished. No signs of acute distress present.**Head/Face:** Atraumatic, normocephalic on inspection.**Neck:** Supple. No masses appreciated. Trachea midline. No jugular venous distention.**Resp:** Respiration rate is normal. No wheezing. Clear to auscultation bilaterally. No rales or rhonchi appreciated over the lungs bilaterally.**CV:** Rate is regular. Rhythm is regular. S1 is normal. S2 is normal. No gallop or rubs. No heart murmur appreciated. **Extremities:** No clubbing or cyanosis. No edema of lower limbs bilaterally.**Neuro:** Alert and oriented x3. Awake. Speech is fluent with no aphasia. Upper Extremities: motor strength is 5/5 bilaterally. Lower Extremities: motor strength is 5/5 bilaterally.**Cranial Nerves:** Cranial nerves II-XII grossly intact.**Psych:** **Mood/Affect:** Mood is normal. **Cognition:** Knowledge and vocabulary are consistent with education. **Risk Assessment:** Suicidality: None. Homicidality: None. Dangerousness: None, others and self.**Assessment #1:** M54.9 Dorsalgia, unspecified**Care Plan:****Comments**

: Acute.

gave neurosurgery cards to f/u

will do disability paper work

pt needs a RTW note

flector patch given from the office will let office know if they help with the pain

Med New

: Medrol 4 mg

take 6 today, 5 second day, 4 on third

day, 3 fourth day, 2 on fifth day, 1 on sixth day

Correspond's

: Excuse From Work, Return To Work

Assessment #2: Z68.31 Body mass index (BMI) 31.0-31.9, adult**Care Plan:**

Shaulene N Smith DOB 11/15/1973 LYNNE ROSS, M.D., P.C.

Page #3

Comments : D&E

Plan Other:

Comments : D&E

Correspond's : Excuse From Work, Return To Work

BMI: 31.1

Updated plan of care and medications reviewed and reconciled with patient, taking into consideration patient's preferences, potential barriers assessed and addressed as needed, health literacy assessed, and patient verbalized understanding of plan of care.



Deborah Bush, FNP-BC

Seen by: Electronically signed by Deborah Bush, FNP on 03/01/2018 at 9:21 am



Lynne Ross, M.D.

Electronically signed by Lynne Ross, M.D., P.C. on 03/01/2018

Lynne Ross, M.D., P.C.

43 Niagara Street
N. Tonawanda, NY 14120-6115

(716)-690-2001

Clinical Visit Summary of Today's Visit

02/08/2018 Visit with DEBORAH BUSH, FNP

Shaulene N Smith

DOB: 11/15/1973 Sex: F Race: Black / African American
Ethnicity: Not Hispanic / Latino Preferred Language: English

Vitals

Wt: 159lb 2oz Ht: 60" BP: 130/80 Pulse: 70 Resp: 16 O2SatR: 99 IBW: 100 BMI: 31.1

Today's Diagnosis

Dorsalgia, unspecified (M54.9)
Body mass index (BMI) 31.0-31.9, adult (Z68.31)

Problem List

Body mass index 30+ - obesity
Neck pain
Headache
Iron deficiency anemia

Allergies

No Known Drug Allergy

Medications

New

DEBORAH BUSH, FNP

Gabapentin : 100 mg, take 1 capsule by mouth at bedtimes as needed for nerve pain (M54.9)
Cyclobenzaprine HCL : 5 mg, take 1 tablet by mouth 3 times per day as needed for muscle spasm (M54.9)
Naproxen DR : 500 mg, take 1 tablet by mouth 2 times per day (M54.9)

Continue

DEBORAH BUSH, FNP

Flonase Allergy Relief : 50 mcg/Act, 1-2 sprays per nare per day (H69.90)

ERIN VOGL, PA-C

Losartan Potassium : 25 mg, take 1 tablet by mouth daily for high blood pressure (I10)

Discontinue

DEBORAH BUSH, FNP

Vitamin D (Ergocalciferol) : 50000 Unit, take 1 capsule by mouth weekly for vitamin d deficiency

Ferrous Sulfate : 325 (65 Fe) MG, 1 by mouth twice a day

Unspecified Prescriber

Medroxyprogesterone Acetate : 10 mg, 1 by mouth every day

Comments

Dorsalgia, unspecified (M54.9)

Acute.

Shaulene N Smith DOB 11/15/1973

Page #2

pt will be out of work for the next few weeks
will give note when she needs to go back to work
went to the ER T 12 mild compression fracture
D&E

Future Appointments

03/01/18 Thr 8:40a Loc: 1 BUSH, DEBORAH, FNP

Loc: 1

Lynne Ross, M.D., P.C.

Lynne Ross, M.D., P.C.

43 NIAGARA STREET

N. Tonawanda, NY 14120-6115

Phone: (716)-690-2001 Fax: (716)-690-2239

Smoking Status

Smoking: Patient has never smoked.

Today's Payment Type:

Today's Payment Amount: 0.00

Integrated Patient Education – Medication Leaflets

Read this medicine information sheet carefully each time you get this medicine filled. You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information. This information is for FEMALE patients only. It does NOT include important information for MALE patients.

Gabapentin Capsules

Pronunciation (GAB a PEN tin)

Brand Names: US Neurontin.

Product Dispensed: GABAPENTIN

What is this drug used for?

- It is used to treat seizures.
- It is used to treat painful nerve diseases.
- It may be given to you for other reasons. Talk with the doctor.

What do I need to tell my doctor BEFORE I take this drug?

- If you have an allergy to gabapentin or any other part of this drug.
- If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
- If you have kidney disease or are on dialysis.

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What are some things I need to know or do while I take this drug?

- Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.
- Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you.
- This drug may affect certain lab tests. Tell all of your health care providers and lab workers that you take this drug.
- Have blood work checked as you have been told by the doctor. Talk with the doctor.
- Talk with your doctor before you drink alcohol or use other drugs and natural products that slow your actions.

- This drug is not the same as gabapentin enacarbil (Horizant™). Do not use in its place. Talk with the doctor.
- A very bad and sometimes deadly reaction has happened with this drug. Most of the time, this reaction has signs like fever, rash, or swollen glands with problems in body organs like the liver, kidney, blood, heart, muscles and joints, or lungs. Talk with the doctor.
- Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor.
- If you are 65 or older, use this drug with care. You could have more side effects.
- Use with care in children. Talk with the doctor.
- Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant.
- Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes.
- Signs of kidney problems like unable to pass urine, change in how much urine is passed, blood in the urine, or a big weight gain.
- Memory problems or loss.
- Change in eyesight.
- Feeling confused.

Integrated Patient Education – Medication Leaflets

- Shakiness.
- Shortness of breath, a big weight gain, or swelling in the arms or legs.
- Feeling very tired or weak.
- Not able to control eye movements.
- Twitching.
- If seizures are worse or not the same after starting this drug.
- Any unexplained bruising or bleeding.
- Swollen gland.
- Fever or chills.
- Sore throat.
- Muscle pain or weakness.
- Change in balance.
- Trouble speaking.
- Not able to focus.
- Very bad dizziness or passing out.
- Patients who take this drug may be at a greater risk of having thoughts or actions of suicide. The risk may be greater in people who have had these thoughts or actions in the past. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouching, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur.

What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

- Dizziness.
- Feeling sleepy.
- Upset stomach or throwing up.
- Loose stools (diarrhea).
- Dry mouth.
- Feeling tired or weak.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at <http://www.fda.gov/medwatch>.

How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

- Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well.
- To gain the most benefit, do not miss doses.
- Do not take antacids within 2 hours before or 2 hours after taking this drug.
- Take with or without food. Take with food if it causes an upset stomach.
- Swallow whole with a full glass of water.

What do I do if I miss a dose?

- Take a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- Do not take 2 doses at the same time or extra doses.

How do I store and/or throw out this drug?

- Store at room temperature.
- Store in a dry place. Do not store in a bathroom.
- Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.
- Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

General drug facts

- If your symptoms or health problems do not get better or if they become worse, call your doctor.
- Do not share your drugs with others and do not take anyone else's drugs.
- Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor.
- Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins.
- This drug comes with an extra patient fact sheet called a Medication Guide. Read it with care. Read it again each time this drug is refilled. If you have any questions about this drug, please talk with the doctor, pharmacist, or other health care provider.
- If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

Integrated Patient Education – Medication Leaflets

Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

Issue Date: January 31, 2018

Database Edition 18.1.3.004

Copyright © 2018 Clinical Drug Information, LLC and
Lexi-Comp, Inc.

Integrated Patient Education – Medication Leaflets

Read this medicine information sheet carefully each time you get this medicine filled. You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information. This information is for FEMALE patients only. It does NOT include important information for MALE patients.

Cyclobenzaprine Tablets

Pronunciation (SYE kloe BEN za preen)

Brand Names: US Flexeril.

Product Dispensed: CYCLOBENZAPRINE HCL

What is this drug used for?

- It is used to calm muscles.
- This drug is used with rest, PT (physical therapy), pain drugs, and other therapies.

What do I need to tell my doctor BEFORE I take this drug?

- If you have an allergy to cyclobenzaprine or any other part of this drug.
- If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
- If you have any of these health problems: Heart block or other heartbeat that is not normal, heart failure (weak heart), liver disease, or an overactive thyroid gland.
- If you have had a recent heart attack.
- If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure.

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What are some things I need to know or do while I take this drug?

- Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.
- Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you.

- To lower the chance of feeling dizzy or passing out, rise slowly if you have been sitting or lying down. Be careful going up and down stairs.
- Be careful in hot weather or while being active. Drink lots of fluids to stop fluid loss.
- Talk with your doctor before you drink alcohol or use other drugs and natural products that slow your actions.
- Do not take this drug for longer than you were told by your doctor.
- Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant.
- Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.
- If you are 65 or older, use this drug with care. You could have more side effects.

What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Feeling very tired or weak.
- Not sweating during activities or in warm temperatures.
- A fast heartbeat.
- A heartbeat that does not feel normal.
- A very bad and sometimes deadly health problem called serotonin syndrome may happen if you take this drug with drugs for depression, migraines, or certain other drugs. Call your doctor right away if you have agitation; change in balance; confusion; hallucinations; fever; fast or abnormal heartbeat; flushing; muscle twitching or stiffness; seizures; shivering or shaking; sweating a lot; very bad diarrhea; upset stomach; or throwing up; or very bad headache.

Integrated Patient Education – Medication Leaflets

What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

- Feeling sleepy.
- Dizziness.
- Dry mouth.
- Feeling tired or weak.
- Hard stools (constipation).
- Upset stomach.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at <http://www.fda.gov/medwatch>.

How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

- Take with or without food.

What do I do if I miss a dose?

- If you take this drug on a regular basis, take a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- Do not take 2 doses at the same time or extra doses.
- Many times this drug is taken on an as needed basis. Do not take more often than told by the doctor.

How do I store and/or throw out this drug?

- Store at room temperature.
- Store in a dry place. Do not store in a bathroom.
- Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.
- Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

General drug facts

- If your symptoms or health problems do not get better or if they become worse, call your doctor.

- Do not share your drugs with others and do not take anyone else's drugs.
- Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor.
- Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins.
- Some drugs may have another patient information leaflet. Check with your pharmacist. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.
- If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

Issue Date: January 31, 2018
 Database Edition 18.1.3.004
 Copyright © 2018 Clinical Drug Information, LLC and Lexi-Comp, Inc.

Integrated Patient Education – Medication Leaflets

Read this medicine information sheet carefully each time you get this medicine filled. You must carefully read the "Consumer Information Use and Disclaimer" below in order to understand and correctly use this information. This information is for FEMALE patients only. It does NOT include important information for MALE patients.

Naproxen Enteric-Coated and Sustained-Release Tablets

Pronunciation (na PROX en)

Brand Names: US EC-Naprosyn.

Product Dispensed: NAPROXEN DR

Warning

- This drug may raise the chance of heart and blood vessel side effects like heart attack and stroke. If these happen, they can be deadly. The risk of these side effects may be greater if you have heart disease or risks for heart disease. However, the risk may also be raised in people who do not have heart disease or risks for heart disease. The risk of these health problems can happen as soon as the first weeks of using this drug and may be greater with higher doses or with long-term use. Do not use this drug right before or after bypass heart surgery.
- This drug may raise the chance of very bad and sometimes deadly stomach or bowel side effects like ulcers or bleeding. The risk is greater in older people. The risk is also greater in people who have had stomach or bowel ulcers or bleeding before. These problems may occur without warning signs. Talk with the doctor.

- If you are having trouble getting pregnant or you are having your fertility checked.
- If you are pregnant or may be pregnant. Do not take this drug if you are in the third trimester of pregnancy. You may also need to avoid this drug at other times during pregnancy. Talk with your doctor to see when you need to avoid taking this drug during pregnancy.
- If you are taking any of these drugs: Antacids, cholestyramine, cimetidine, famotidine, nizatidine, ranitidine, or sucralfate.
- If you are taking any other NSAID.
- If you are taking a salicylate drug like aspirin.
- If you are taking pemetrexed.

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What is this drug used for?

- It is used to ease pain, swelling, and fever.
- It is used to ease painful period (menstrual) cycles.
- It is used to treat arthritis.
- It is used to treat ankylosing spondylitis.
- It is used to treat gout attacks.
- It may be given to you for other reasons. Talk with the doctor.

What do I need to tell my doctor BEFORE I take this drug?

- If you have an allergy to naproxen or any other part of this drug.
- If you have an allergy to aspirin or NSAIDs.
- If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
- If you have any of these health problems: GI (gastrointestinal) bleeding or kidney problems.

What are some things I need to know or do while I take this drug?

- Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.
- Have your blood work checked if you are on this drug for a long time. Talk with your doctor.
- This drug may affect certain lab tests. Tell all of your health care providers and lab workers that you take this drug.
- High blood pressure has happened with drugs like this one. Have your blood pressure checked as you have been told by your doctor.
- Talk with your doctor before you drink alcohol.
- If you smoke, talk with your doctor.
- Do not take more than what your doctor told you to take. Taking more than you are told may raise your chance of very bad side effects.
- Do not take this drug for longer than you were told by your doctor.
- If you have asthma, talk with your doctor. You may be

Integrated Patient Education – Medication Leaflets

more sensitive to this drug.

- You may bleed more easily. Be careful and avoid injury. Use a soft toothbrush and an electric razor.
- The chance of heart failure is raised with the use of drugs like this one. In people who already have heart failure, the chance of heart attack, having to go to the hospital for heart failure, and death is raised. Talk with the doctor.
- The chance of heart attack and heart-related death is raised in people taking drugs like this one after a recent heart attack. People taking drugs like this one after a first heart attack were also more likely to die in the year after the heart attack compared with people not taking drugs like this one. Talk with the doctor.
- If you are taking aspirin to help prevent a heart attack, talk with your doctor.
- If you are on a low-sodium or sodium-free diet, talk with your doctor. Some of these products have sodium.
- Do not switch brands or types of this drug (like tablets, liquid) unless you talk with the doctor. They may not work the same.
- This drug may affect how much of some other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your blood work checked more closely while taking this drug with your other drugs.
- Liver problems have happened with drugs like this one. Sometimes, this has been deadly. Call your doctor right away if you have signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes.
- If you are 60 or older, use this drug with care. You could have more side effects.
- NSAIDs like this drug may affect egg release (ovulation) in women. This may cause you to not be able to get pregnant. This goes back to normal when this drug is stopped. Talk with your doctor.
- This drug may cause harm to the unborn baby if you take it while you are pregnant. If you are pregnant or you get pregnant while taking this drug, call your doctor right away.
- Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or

symptoms that may be related to a very bad side effect:

- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Signs of bleeding like throwing up blood or throw up that looks like coffee grounds; coughing up blood; blood in the urine; black, red, or tarry stools; bleeding from the gums; vaginal bleeding that is not normal; bruises without a reason or that get bigger; or any bleeding that is very bad or that you cannot stop.
- Signs of kidney problems like unable to pass urine, change in how much urine is passed, blood in the urine, or a big weight gain.
- Signs of high potassium levels like a heartbeat that does not feel normal; feeling confused; feeling weak, lightheaded, or dizzy; feeling like passing out; numbness or tingling; or shortness of breath.
- Signs of high blood pressure like very bad headache or dizziness, passing out, or change in eyesight.
- Shortness of breath, a big weight gain, or swelling in the arms or legs.
- Chest pain or pressure or a fast heartbeat.
- Weakness on 1 side of the body, trouble speaking or thinking, change in balance, drooping on one side of the face, or blurred eyesight.
- Feeling very tired or weak.
- Ringing in ears.
- Mood changes.
- Low mood (depression).
- Very bad belly pain.
- Very bad back pain.
- A very bad skin reaction (Stevens-Johnson syndrome/toxic epidermal necrolysis) may happen. It can cause very bad health problems that may not go away, and sometimes death. Get medical help right away if you have signs like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in your mouth, throat, nose, or eyes.

What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

- Headache.
- Belly pain or heartburn.

Integrated Patient Education – Medication Leaflets

- Upset stomach or throwing up.
- Loose stools (diarrhea).
- Hard stools (constipation).
- Gas.
- Dizziness.
- Feeling sleepy.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to the FDA at 1-800-FDA-1088. You may also report side effects at <http://www.fda.gov/medwatch>.

How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

- Take with or without food. Take with food if it causes an upset stomach.
- Take with a full glass of water.
- Swallow whole. Do not chew, break, or crush.

What do I do if I miss a dose?

- If you take this drug on a regular basis, take a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- Do not take 2 doses at the same time or extra doses.
- Many times this drug is taken on an as needed basis. Do not take more often than told by the doctor.

How do I store and/or throw out this drug?

- Store at room temperature.
- Protect from light.
- Store in a dry place. Do not store in a bathroom.
- Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.
- Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

General drug facts

- If your symptoms or health problems do not get better or if they become worse, call your doctor.
- Do not share your drugs with others and do not take

anyone else's drugs.

- Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor.
- Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins.
- This drug comes with an extra patient fact sheet called a Medication Guide. Read it with care. Read it again each time this drug is refilled. If you have any questions about this drug, please talk with the doctor, pharmacist, or other health care provider.
- If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

Issue Date: January 31, 2018

Database Edition 18.1.3.004

Copyright © 2018 Clinical Drug Information, LLC and Lexi-Comp, Inc.

MILLARD FILLMORE HOSPITAL

KALEIDA HEALTH

Millard Fillmore Suburban Hospital
1540 Maple Rd

Williamsville NY 14221
(716)-568-3600
MRI Brain imaging w + w/o contrast

MRI Brain imaging w + w/o contrast

Exam Date/Time: 09/06/2018 09:30
Accession Number: MR-18-0018651
Reason For Exam: cerv disc disorder

Name: SHAULENE N SMITH
MR#: 1003295790
DOB: 11/15/1973 Age: 44
Location: KH SUBURBAN
Admission Date: 09/06/2018 08:11
Ordering Provider: Jonathan P. Riley
Patient Type: Clini

INDICATIONS: Numbness in the fingers and toes greater on the left

TECHNIQUE: Multiplanar MR imaging of the brain employing various different pulse sequences including postcontrast axial and sagittal T1 W images following the IV administration of 14mL of Omniscan contrast media.

COMPARISONS: No prior studies

FINDINGS:

The ventricles, cisterns and sulci are commensurate with patient's stated age.

White matter tracts are within normal limits.

No focal areas of restricted effusion to suggest acute infarction.

There are no mass lesions, mass-effect or midline shift.

No extraaxial collections identified.

No areas of signal void on the gradient-echo sequences suggest occult products of hemorrhage.

Brainstem and cerebellar hemispheres are unremarkable.

Normal flow-voids indicative of patency within the major vessels base of the brain on the axial FLAIR images.

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

Mild mucosal thickening ethmoid air cells bilaterally.

The remaining paranasal sinuses and mastoid air cells are unremarkable.

IMPRESSION:

No acute intracranial abnormality. Mild ethmoid mucosal thickening

READ BY.....: HAMPTON, WILLIAM R. MD

DICTATED: 09/06/2018 9:35 am

TRANSCRIBED BY.....: 09/06/2018 9:35 am WRH

SIGNED 09/06/2018 9:49 am

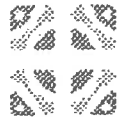
ELECTRONICALLY BY...: HAMPTON, WILLIAM R. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors,

unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.



Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Medical Record Request

Dsch: 02/03/2018

ED Patient Discharge Inst

SERVICE DATE/TIME: 02/03/2018 15:32
 RESULT STATUS: Modified
 PERFORM INFORMATION: CZAJA, ALLYSON E RN (02/03/2018 15:32)
 SIGN INFORMATION: CZAJA, ALLYSON E RN (02/03/2018 15:32); LYNCH, JOSHUA J. DO (02/03/2018 15:12)

ED Patient Discharge Instructions**Kaleida Health**

Degraff Memorial Hospital
 445 Tremont Street
 North Tonawanda, New York 14120
 (716) 694-4500

**Emergency Department
Discharge Instructions**

Name SMITH, SHAULENE N
 MR# 1003295790

DOB 11/15/1973
 Acct# 75213332

Date/Time 2/3/2018 15:32:24

Visit Date/Time: 2/03/2018 9:44 AM

Diagnosis: T12 compression fracture

PCP: ROSS, LYNNE S. MD

ED Provider: LYNCH, JOSHUA J. DO

Instructions prepared by: LYNCH, JOSHUA J. DO

Kaleida Health would like to thank you for allowing us to assist you with your healthcare needs.

It is IMPORTANT to see your DOCTOR or PRIMARY CARE PROVIDER. Emergency Care may be incomplete without proper follow-up. If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. **Please remember to take these instructions to your next doctor's appointment.**

Follow-up Instructions:**VITALS INFORMATION**

Vital Sign	Triage	Latest
Pulse Rate, Peripheral	64 bpm	70 bpm

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.D.O

ED Patient Discharge Inst

Respiratory Rate	18 BR/min	16 BR/min
Blood Pressure	140 mmHg /98 mmHg	142 mmHg /91 mmHg
Temperature Oral	36.9 degC	36.6 degC
Temperature Rectal		
Temperature Axillary		
Temperature Temporal		
Temperature Intravascular		
Weight	67.59 kg	67.59 kg

With:
UB Neuro Surgery 218-1000

Address:**When:**

With:
University Ortho 204-3200

Address:**When:**

With:
LYNNE ROSS

Address:
LYNNE ROSS, MD, PC, 43
NIAGARA STREET NORTH
TONAWANDA, NY 14120
(716) 690-2001 Business (1)

When:**Medication Information:**

Allergy Info:

No Known Medication Allergies

Immunizations:

None given this visit

Explanation of your Complete Medication List (if you are not on any medications, below will be blank)

CHANGES: Medications with changes in dosing

CVS/pharmacy #0589, 955 PAYNE AVE MID-CITY PLAZA NORTH TONAWANDA, NY 14120, (716)
693 - 1091

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Dsch: 02/03/2018

ED Patient Discharge Inst

Start Taking: **oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet)**
 1 tablet oral every 6 hours for 3 days. Refills: 0.
 Stop Taking: **oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet)**
 1 tablet oral every 6 hours.

Below is a Complete list of your medications

oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

Medication Comments:**Additional Comments:****DISCHARGE INSTRUCTIONS**

Order Name Order Details

TEST RESULTS**PENDING LABORATORY RESULTS:**

None

PENDING RADIOLOGY RESULTS:

None

Laboratory or Other Results This Visit (last charted value for your 02/03/2018 visit)

GENERAL LABORATORY

02/03/2018 10:23 AM

Albumin Level: 3.8 g/dL -- Normal range between (3.5 and 5.0)

Alkaline Phosphatase: 72 unit/L -- Normal range between (30 and 140)

ALT: 11 unit/L -- Normal range between (5 and 50)

Anion Gap: 7 mmol/L -- Normal range between (5 and 15)

AST: 15 unit/L -- Normal range between (5 and 50)

Baso Abs: 0.0 x10⁹/L

Basophils: 0.7 %

Bilirubin: 0.6 mg/dL -- Normal range between (0.2 and 1.2)

BUN: 8 mg/dL -- Normal range between (5 and 25)

Calcium Level: 10.1 mg/dL -- Normal range between (8.5 and 10.5)



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.D.O

Dsch: 02/03/2018

ED Patient Discharge Inst

Carbon Dioxide: 25 mmol/L -- Normal range between (20 and 32)

Chloride: 105 mmol/L -- Normal range between (96 and 110)

Eos Abs: 0.2 x10⁹/L

Eos: 3.2 %

MCH: 26.7 pg -- Normal range between (28.0 and 34.0)

MCHC: 32.8 g/dL -- Normal range between (32.0 and 36.0)

MCV: 81.4 fL -- Normal range between (78.0 and 100.0)

RDW: 13.4 % -- Normal range between (11.5 and 14.0)

RBC: 4.31 x10¹²/L -- Normal range between (4.20 and 5.40)

Hct: 35.1 % -- Normal range between (37.0 and 47.0)

Hgb: 11.5 g/dL -- Normal range between (12.0 and 16.0)

WBC: 6.0 x10⁹/L -- Normal range between (4.0 and 10.5)

Lipase Level: 39 unit/L -- Normal range between (7 and 78)

Lymph Abs: 1.9 x10⁹/L -- Normal range between (1.5 and 3.5)

Lymph: 32.1 % -- Normal range between (20.0 and 48.0)

Mono Abs: 0.4 x10⁹/L

Mono: 7.2 %

Neut Abs: 3.4 x10⁹/L -- Normal range between (1.5 and 6.6)

Platelet: 257 x10⁹/L -- Normal range between (150 and 450)

Protein: 7.1 g/dL -- Normal range between (6.0 and 8.0)

Creatinine: 0.64 mg/dL -- Normal range between (0.40 and 1.40)

Glucose Level: 90 mg/dL -- Normal range between (60 and 100)

MPV: 9.8 fL -- Normal range between (9.0 and 12.0)

Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.3)

Sodium Level: 137 mmol/L -- Normal range between (135 and 145)

GFR: >60 mL/min/1.73 m²

GFR AfrAmer: >60 mL/min/1.73 m²

Neutrophils: 56.6 % -- Normal range between (38.0 and 77.0)

ADDITIONAL LABORATORY AND/OR OTHER DIAGNOSTIC TEST RESULTS MAY BE AVAILABLE. PLEASE FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER.

Emergency Medicine

Vertebral Fracture

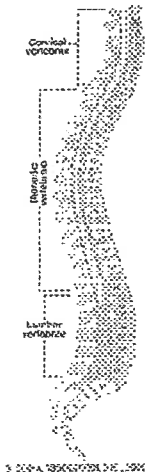
You have a fracture of one or more vertebra. These are the bony parts that form the spine. Minor vertebral fractures happen when people fall. Osteoporosis is associated with many of these fractures. Hospital care may not be necessary for minor compression fractures that are stable. However, multiple fractures of the spine or unstable injuries can cause severe pain and even damage the spinal cord. A spinal cord injury may cause paralysis, numbness, or loss of normal bowel and bladder control.

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Dsch: 02/03/2018

ED Patient Discharge Inst

Normally there is pain and stiffness in the back for 3 to 6 weeks after a vertebral fracture. Bed rest for several days, pain medicine, and a slow return to activity is often the only treatment that is needed depending on the location of the fracture. Neck and back braces may be helpful in reducing pain and increasing mobility. When your pain allows, you should begin walking or swimming to help maintain your endurance. Exercises to improve motion and to strengthen the back may also be useful after the initial pain improves. Treatment for osteoporosis may be essential for full recovery. This will help reduce your risk of vertebral fractures with a future fall.

During the first few days after a spine fracture you may feel nauseated or vomit. If this is severe, hospital care with IV fluids will be needed.

Arrange for follow-up care as recommended to assure proper long-term care and prevention of further spine injury.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have increasing pain, vomiting, or are unable to move around at all.
- You develop numbness, tingling, weakness, or paralysis of any part of your body.
- You develop a loss of normal bowel or bladder control.
- You have difficulty breathing, cough, fever, chest or abdominal pain.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 01/25/2006 Document Revised: 03/11/2013 Document Reviewed: 08/10/2010
 ExitCare® Patient Information ©2015 ExitCare, LLC.

Printed: 03/02/2018 14:49

Page 10 of 77

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J, DO

ED Patient Discharge Inst**Degraff Memorial Hospital****Emergency Department****Discharge Instruction**

445 Tremont Street, North Tonawanda, NY 14120

Name: SMITH, SHAULENE N**DOB:** 11/15/1973**Date/Time:** 2/3/2018 15:32:24**MR#:** 1003295790**Acct#:** 75213332**Visit Date:** 2/3/2018 09:44:00**Patient Education Material(s)**

Emergency Medicine

Vertebral Fracture

I, SMITH, SHAULENE N, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

Patient/Guardian Signature

Relation to Patient

Date/Time

Staff Member Reviewing Discharge Instructions with Patient

* Auth (Verified) *

Degraff Memorial Hospital

Emergency Department

Discharge Instruction

445 Tremont Street, North Tonawanda, NY 14120

Name: SMITH, SHAULENE N
15:12:00
MR#: 1003295790

DOB: 11/15/1973

Date/Time: 2/3/2018

Acct#: 75213332

Visit Date: 2/3/2018 09:44:00

Patient Education Material(s)

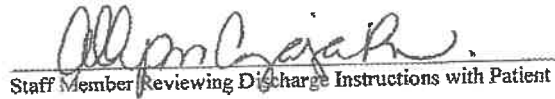
Emergency Medicine
Vertebral Fracture

I, SMITH, SHAULENE N, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.


Patient/Guardian Signature

Relation to Patient

2/3/18 1520
Date/Time


Staff Member Reviewing Discharge Instructions with Patient

Patient Name SMITH, SHAULENE N
FIN # 75213332

8 of 8
MRN 1003295790

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.DO

ED Patient Discharge Inst

SERVICE DATE/TIME:

02/03/2018 15:32

RESULT STATUS:

Modified

PERFORM INFORMATION:

CZAJA, ALLYSON E RN (02/03/2018 15:32)

SIGN INFORMATION:

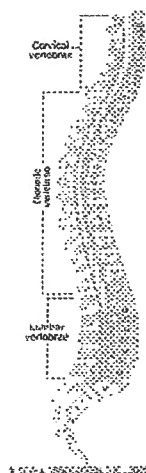
CZAJA, ALLYSON E RN (02/03/2018 15:32); LYNCH, JOSHUA J.DO (02/03/2018 15:12)

ED Pat Edu

Emergency Medicine

Vertebral Fracture

You have a fracture of one or more vertebra. These are the bony parts that form the spine. Minor vertebral fractures happen when people fall. Osteoporosis is associated with many of these fractures. Hospital care may not be necessary for minor compression fractures that are stable. However, multiple fractures of the spine or unstable injuries can cause severe pain and even damage the spinal cord. A spinal cord injury may cause paralysis, numbness, or loss of normal bowel and bladder control.



Normally there is pain and stiffness in the back for 3 to 6 weeks after a vertebral fracture. Bed rest for several days, pain medicine, and a slow return to activity is often the only treatment that is needed depending on the location of the fracture. Neck and back braces may be helpful in reducing pain and increasing mobility. When your pain allows, you should begin walking or swimming to help maintain your endurance. Exercises to improve motion and to strengthen the back may also be useful after the initial pain improves. Treatment for osteoporosis may be essential for full recovery. This will help reduce your risk of vertebral fractures with a future fall.

During the first few days after a spine fracture you may feel nauseated or vomit. If this is severe, hospital care with IV fluids will be needed.

Arrange for follow-up care as recommended to assure proper long-term care and prevention of further spine injury.

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J. DO

ED Patient Discharge Inst**SEEK IMMEDIATE MEDICAL CARE IF:**

- You have increasing pain, vomiting, or are unable to move around at all.
- You develop numbness, tingling, weakness, or paralysis of any part of your body.
- You develop a loss of normal bowel or bladder control.
- You have difficulty breathing, cough, fever, chest or abdominal pain.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 01/25/2006 Document Revised: 03/11/2013 Document Reviewed: 08/10/2010
ExitCare® Patient Information ©2015 ExitCare, LLC.

Degraff Memorial Hospital**Emergency Department****Discharge Instruction**

445 Tremont Street, North Tonawanda, NY 14120

Name: SMITH, SHAULENE N DOB: 11/15/1973 Date/Time: 2/3/2018 15:32:26

MR#: 1003295790 Acct#: 75213332 Visit Date: 2/3/2018 09:44:00

Patient Education Material(s)

Emergency Medicine
Vertebral Fracture

I, SMITH, SHAULENE N, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

Patient/Guardian Signature

Relation to Patient

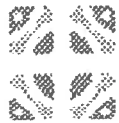
Date/Time

Printed: 03/02/2018 14:49

Page 14 of 77

**Medical Record Request***Med Rec Nbr:* 1003295790*Financial Nbr:* 75213332*Client Med Rec Nbr:* 4437*DOB:* 11/15/1973*Sex:* Female*Adm:* 02/03/2018*UI Nbr:* 1003295790*Patient Name:* SMITH, SHAULENE N*Organization:* KH DEGRAFF*Patient Location:* D-Emergency Rm*Physician:* LYNCH, JOSHUA J. DO*Dsch:* 02/03/2018**ED Patient Discharge Inst**

Staff Member Reviewing Discharge Instructions with Patient



Med Rec Nbr: 1003295790

Ut Nbr: 1003295790

Financial Nbr: 75213332

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH DEGRAFF

DOB: 11/15/1973

Patient Location: D-Emergency Rm

Sex: Female

Physician: LYNCH, JOSHUA J, DO

Medical Record Request

Adm: 02/03/2018

Dschi: 02/03/2018

ED Discharge Clinical Summary

SERVICE DATE/TIME: 02/03/2018 15:32
 RESULT STATUS: Modified
 PERFORM INFORMATION: CZAJA, ALLYSON E RN (02/03/2018 15:32)
 SIGN INFORMATION: CZAJA, ALLYSON E RN (02/03/2018 15:32); LYNCH, JOSHUA J, DO (02/03/2018 15:12)

ED Discharge Clinical Summary

KALEIDA HEALTH

Degraff Memorial Hospital
 445 Tremont Street
 North Tonawanda, New York 14120
 (716) 694-4500

Emergency Department Clinical Summary

PERSON INFORMATION

Name SMITH, SHAULENE N
 Sex Female
 Age 44 Years
 DOB 11/15/1973

MR# 1003295790
 Acct# 75213332
 PCP ROSS, LYNNE S. MD

Checkin 2/03/2018 9:44 AM
 Visit Reason Fall; fall/ back pain

Address

655 OLIVER ST APT 2 N
 TONAWANDA NY 14120

Acuity 3 - Yellow
 Phone (716) 310-6649

Condition on Discharge:
 Improved

PROVIDER INFORMATION

ED Provider: LYNCH, JOSHUA J. DO
 Instructions prepared by: LYNCH, JOSHUA J. DO

DIAGNOSIS: T12 compression fracture

VITALS INFORMATION

Vital Sign	Triage	Latest
Pulse Rate, Peripheral	64 bpm	70 bpm
Respiratory Rate	18 BR/min	16 BR/min
Blood Pressure	140 mmHg /98 mmHg	142 mmHg /91 mmHg
Temperature Oral	36.9 degC	36.6 degC
Temperature Rectal		

Printed: 03/02/2018 14:49

Page 16 of 77



Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Medical Record Request

Adm: 02/03/2018

Dsch: 02/03/2018

ED Discharge Clinical Summary

Temperature Axillary		
Temperature Temporal		
Temperature Intravascular		
Weight	67.59 kg	67.59 kg

MEDICATION INFORMATION**Allergy Info:**

No Known Medication Allergies

Immunizations:

None given this visit

Explanation of your Complete Medication List (if you are not on any medications, below will be blank)

CHANGES: Medications with changes in dosing

CVS/pharmacy #0589, 955 PAYNE AVE MID-CITY PLAZA NORTH TONAWANDA, NY 14120, (716) 693 - 1091

Start Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet)
 1 tablet oral every 6 hours for 3 days. Refills: 0.

Stop Taking: oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet)
 1 tablet oral every 6 hours.

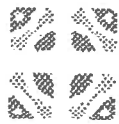
Below is a Complete list of your medications

oxyCODONE-acetaminophen (oxyCODONE-acetaminophen 7.5 mg-325 mg oral tablet) 1 tablet oral every 6 hours for 3 days. Refills: 0.

Medication Comments:**Additional Comments:****DISCHARGE INSTRUCTIONS**

Order Name

Order Details

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.D.O

Dsch: 02/03/2018

ED Discharge Clinical Summary**TEST RESULTS****PENDING LABORATORY RESULTS:**

None

PENDING RADIOLOGY RESULTS:

None

Laboratory or Other Results This Visit (last charted value for your 02/03/2018 visit)

GENERAL LABORATORY

02/03/2018 10:23 AM

Albumin Level: 3.8 g/dL -- Normal range between (3.5 and 5.0)
Alkaline Phosphatase: 72 unit/L -- Normal range between (30 and 140)
ALT: 11 unit/L -- Normal range between (5 and 50)
Anion Gap: 7 mmol/L -- Normal range between (5 and 15)
AST: 15 unit/L -- Normal range between (5 and 50)
Baso Abs: 0.0 x10⁹/L
Basophils: 0.7 %
Bilirubin: 0.6 mg/dL -- Normal range between (0.2 and 1.2)
BUN: 8 mg/dL -- Normal range between (5 and 25)
Calcium Level: 10.1 mg/dL -- Normal range between (8.5 and 10.5)
Carbon Dioxide: 25 mmol/L -- Normal range between (20 and 32)
Chloride: 105 mmol/L -- Normal range between (96 and 110)
Eos Abs: 0.2 x10⁹/L
Eos: 3.2 %
MCH: 26.7 pg -- Normal range between (28.0 and 34.0)
MCHC: 32.8 g/dL -- Normal range between (32.0 and 36.0)
MCV: 81.4 fL -- Normal range between (78.0 and 100.0)
RDW: 13.4 % -- Normal range between (11.5 and 14.0)
RBC: 4.31 x10¹²/L -- Normal range between (4.20 and 5.40)
Hct: 35.1 % -- Normal range between (37.0 and 47.0)
Hgb: 11.5 g/dL -- Normal range between (12.0 and 16.0)
WBC: 6.0 x10⁹/L -- Normal range between (4.0 and 10.5)
Lipase Level: 39 unit/L -- Normal range between (7 and 78)
Lymp Abs: 1.9 x10⁹/L -- Normal range between (1.5 and 3.5)
Lymph: 32.1 % -- Normal range between (20.0 and 48.0)
Mono Abs: 0.4 x10⁹/L
Mono: 7.2 %
Neut Abs: 3.4 x10⁹/L -- Normal range between (1.5 and 6.6)
Platelet: 257 x10⁹/L -- Normal range between (150 and 450)
Protein: 7.1 g/dL -- Normal range between (6.0 and 8.0)
Creatinine: 0.64 mg/dL -- Normal range between (0.40 and 1.40)

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.D.O

Dsch: 02/03/2018

ED Discharge Clinical Summary

Glucose Level: 90 mg/dL -- Normal range between (60 and 100)

MPV: 9.8 fL -- Normal range between (9.0 and 12.0)

Potassium Level: 4.1 mmol/L -- Normal range between (3.5 and 5.3)

Sodium Level: 137 mmol/L -- Normal range between (135 and 145)

GFR: >60 mL/min/1.73 m2

GFR AfrAmer: >60 mL/min/1.73 m2

Neutrophils: 56.6 % -- Normal range between (38.0 and 77.0)

ADDITIONAL LABORATORY AND/OR OTHER DIAGNOSTIC TEST RESULTS MAY BE AVAILABLE. PLEASE FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER.

IF YOU HAVE MEDICAL QUESTIONS ABOUT THIS HOSPITALIZATION, PLEASE CONTACT YOUR DISCHARGING PROVIDER AS FOLLOWS:

PATIENT EDUCATION INFORMATION

Instructions:

Vertebral Fracture

Follow up:

With:	Address:	When:
UB Neuro Surgery 218-1000		

With:	Address:	When:
University Ortho 204-3200		

With:	Address:	When:
LYNNE ROSS	LYNNE ROSS, MD, PC, 43 NIAGARA STREET NORTH TONAWANDA, NY 14120 (716) 690-2001 Business (1)	



Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

Of Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J, DO
 Dsch: 02/03/2018

Medical Record Request

ED MD Note

DOCUMENT TYPE: ED MD Note
 SERVICE DATE/TIME: 02/03/2018 10:09
 RESULT STATUS: Auth (Verified)
 PERFORM INFORMATION: LYNCH, JOSHUA J, DO (02/03/2018 10:16)
 SIGN INFORMATION: LYNCH, JOSHUA J, DO (02/03/2018 15:10)

Fall

Patient: SMITH, SHAULENE N MRN: 1003295790 FIN: 75213332
 Age: 44 years Sex: Female DOB: 11/15/1973
 Associated Diagnoses: T12 compression fracture
 Author: LYNCH, JOSHUA J, DO

Basic Information

Disclaimer: Disclaimer: Dragon voice-recognition may have been used to prepare this typewritten note. Although each note is personally scanned for syntactic or grammatical errors, unintended but conspicuous translational errors can occur. Please call or email me if there are any questions about the contents of this note.

Time seen: Date & time 2/3/2018 10:09:00.

History source: Patient.

Arrival mode: Private vehicle.

Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint Description

2/3/2018 9:45 Chief Complaint Description States slipped on ice yesterday , took some old oxycodone for the pain, awoke today in worse pain back, left side and abd. pain 10/10. States today feel nausea. .

History of Present Illness

The patient presents following fall. The onset was 1 days ago. The occurrence was single episode. Slipped. The location where the incident occurred was in the street. The character of symptoms is pain. The degree at present is moderate. Exacerbating factors consist of changing position. Patient states she slipped on the ice yesterday and fell on her left side. She did not hit her head. No loss of consciousness. Complaints of left-sided lower abdominal pain, left lower back pain. Pain is worse with movement, somewhat relieved with rest. No other complaints. No fever, chills, no headache or dizziness. States the pain in the lower back is worse with movement. No pain in the midline back, primarily over to the left.

Review of Systems

Constitutional symptoms: No fever, no chills.

Skin symptoms: No rash,

Eye symptoms: No recent vision problems, no pain.

ENMT symptoms: No sore throat,

Respiratory symptoms: No shortness of breath,

Cardiovascular symptoms: No chest pain, no palpitations.

Gastrointestinal symptoms: Abdominal pain, nausea, no vomiting, no diarrhea, no constipation.

Genitourinary symptoms: No dysuria,

Musculoskeletal symptoms: Back pain, Muscle pain, Joint pain.

Neurologic symptoms: No headache, no dizziness.

Endocrine symptoms: No polyuria,

Hematologic/Lymphatic symptoms: Bleeding tendency negative,

Health Status

Allergies:

Allergic Reactions (Selected)

No Known Medication Allergies.

Medications: Home Meds w/compliance

Active Medications

oxyCODONE-acetaminophen: 1 tab, oral, q6h, 0 Refill(s), Refills: 0

Still taking, as prescribed.

Past Medical/ Family/ Social History

Medical history: Medical history

Active

Printed: 03/02/2018 14:49

Page 20 of 77

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DO
 Dsch: 02/03/2018

ED MD Note

Anemia (A25058B2-B8BF-48F2-B352-55586DF957D4): Onset In 1991 at 18 years.

Comments:

9/19/2016 10:03 - CRONIN, LINDA J. WHNP
 hospitalized at age 18, dx'ed as iron deficient anemia

Resolved

Pregnant (191073013): Onset on 3/27/2008 at 34 years. Resolved in 2009 at 35 years.
 Pregnant (191073013): Onset on 3/27/2007 at 33 years. Resolved in 2008 at 34 years.
 Pregnant (191073013): Onset on 10/23/1996 at 22 years. Resolved in 1997 at 23 years.
 Pregnant (191073013): Onset on 3/27/1994 at 20 years. Resolved in 1995 at 21 years.
 Polycystic ovarian syndrome (2478811014): Resolved..

Surgical history: Surgical history

Laparoscopy (SNOMED CT 122272015) in 2005 at 32 Years.

Comments:

9/19/2016 09:54 - CRONIN, LINDA J.
 exploratory, for abdominal pain, nothing found.

Family history: Family history

Diabetes mellitus

Father

Sister

Brother

Sister

Breast cancer

Sister

Comments:

9/19/2016 09:56 - CRONIN, LINDA J. WHNP
 dx'ed age 30, deceased

Hypertension

Mother

Social history: Tobacco use: Denies, Drug use: Denies.

Social history: Include smart template

Social & Psychosocial History

Social History

Alcohol

Denies Alcohol Use (09/19/2016)

Employment/School

Unemployed

Home/Environment

Lives with Children, granddaughter.

Sexual

Comment: was using condoms previously (09/19/2016 10:00 - CRONIN, LINDA J. WHNP)

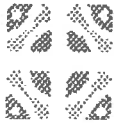
Sexually active: No.

Comment: no sexual activity for 2 months, split up w/ partner (09/19/2016 10:00 - CRONIN, LINDA J. WHNP)

Substance Abuse

Denies Substance Abuse (09/19/2016)

Tobacco



Medical Record Request

Med Rec Nbr: 1003295790

UI Nbr: 1003295790

Financial Nbr: 75213332

Patient Name: SMITH, SHAULENE N

Client Med Rec Nbr: 4437

Organization: KH DEGRAFF

DOB: 11/15/1973

Patient Location: D-Emergency Rm

Sex: Female

Physician: LYNCH, JOSHUA J, DO

Adm: 02/03/2018

Disch: 02/03/2018

ED MD Note

Never smoker
Never smoker

Psychosocial History

No active psychosocial history has been recorded.

Physical Examination

Vital Signs

Vital Signs.

2/3/2018 9:45

Temperature Oral 36.9 degC
Pulse Rate, Peripheral 64 bpm
Systolic Blood Pressure 140 mmHg High
Diastolic Blood Pressure 98 mmHg High
SpO2 Monitored, EKG 100 %
Respiratory Rate 18 BR/min .

Measurements

2/3/2018 9:45

Height/Length Dosing 154.9 cm
Weight Dosing 67.59 kg
BSA Dosing 1.71 m2
Body Mass Index Dosing 28.17 kg/m2
Inches 61 in
Lbs 149 lb .

SpO2

2/3/2018 9:45 SpO2 Monitored, EKG 100 % .

General: Alert, no acute distress.

Skin: Warm, dry, intact.

Head: Normocephalic, atraumatic.

Neck: Supple, trachea midline, no tenderness.

Eye: Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva.

Ears, nose, mouth and throat: Oral mucosa moist, no pharyngeal erythema or exudate.

Cardiovascular: Regular rate and rhythm, No murmur, Normal peripheral perfusion.

Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.

Chest wall: No tenderness.

Back: Tenderness to palpation in the left paraspinal region. No midline tenderness to the CT, LS spine..

Musculoskeletal: Normal ROM, normal strength.

Gastrointestinal: Soft, Non distended, Normal bowel sounds, Mild tenderness to the left mid and lower abdomen. No distention. No rebound tenderness. No CVA tenderness..

Neurological: Alert and oriented to person, place, time, and situation, No focal neurological deficit observed, normal sensory observed, normal motor observed, normal speech observed.

Psychiatric: Cooperative, appropriate mood & affect.

Medical Decision Making

Electrocardiogram: Time 2/3/2018 15:07:00, Rapid atrial fibrillation, normal axis, normal intervals, no acute ischemic changes..

Results review: Lab results : LABORATORY

2/3/2018 10:23

WBC 6.0 x10^9/L
RBC 4.31 x10^12/L
Hgb 11.5 g/dL Low
Hct 35.1 % Low
MCV 81.4 fL
MCH 26.7 pg Low
MCHC 32.8 g/dL
RDW 13.4 %
Platelet 257 x10^9/L

Printed: 03/02/2018 14:49

Page 22 of 77



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.D.O

Dsch: 02/03/2018

ED MD Note

MPV	9.8 fL
Neut Abs	3.4 x10 ⁹ /L
Lymp Abs	1.9 x10 ⁹ /L
Mono Abs	0.4 x10 ⁹ /L
Eos Abs	0.2 x10 ⁹ /L
Baso Abs	0.0 x10 ⁹ /L
Neutrophils	56.6 %
Lymph	32.1 %
Mono	7.2 %
Eos	3.2 %
Basophils	0.7 %
Sodium Level	137 mmol/L
Potassium Level	4.1 mmol/L
Chloride	105 mmol/L
Carbon Dioxide	25 mmol/L
Anion Gap	7 mmol/L
BUN	8 mg/dL
Creatinine	0.64 mg/dL
Calcium Level	10.1 mg/dL
Bilirubin	0.6 mg/dL
Alkaline Phosphatase	72 unit/L
AST	15 unit/L
ALT	11 unit/L
Lipase Level	39 unit/L
Protein	7.1 g/dL
Albumin Level	3.8 g/dL
Glucose Level	90 mg/dL
GFR	>60 mL/min/1.73 m ²
GFR AfrAmer	>60 mL/min/1.73 m ²

Radiology results: Radiology Results

CT Abd+Pel w IV contrast

02/03/18 14:29:31

INDICATION: The patient is complaining of abdominal pain evaluate. Status post fall on ice yesterday , took some old oxycodone for the pain, worsening pain back, left abdominal pain 10/10, nausea.

TECHNIQUE: Contiguous helical axial images from the lung bases to the ischial tuberosities were performed following the administration of 90 cc of Omnipaque- 350. In addition delayed images of the abdomen and pelvis were obtained. Oral contrast was given. 3-D reconstruction images in the sagittal and coronal planes were generated. Saline chaser bolus delivered.

COMPARISON: None.

CT SCAN OF THE ABDOMEN:

FINDINGS:

Inferior thorax: Lung bases demonstrates dependent atelectatic changes. Inferior heart/pericardium unremarkable. A hiatal hernia is present.

Lines and tubes: None.

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J, DO

ED MD Note

Liver/Biliary Tree: No significant hepatic steatosis or hepatomegaly. No suspicious lesion. Low-attenuation lesion within the liver are too small characterize by CT criteria. No significant biliary dilation. The portal, superior mesenteric and splenic veins are patent.

Gallbladder: Unremarkable.

Pancreas: Unremarkable.

Spleen: Unremarkable.

Adrenal glands: Within normal limits.

Kidneys/Ureters: No hydronephrosis. No suspicious renal lesion. No urinary tract calculi identified.

Retroperitoneum: No enlarged lymph nodes. The abdominal aorta is normal in caliber. The inferior vena cava is unremarkable.

Bowel/Mesentery: The bowel and mesentery unremarkable without obstruction or inflammatory changes. No enlarged mesenteric nodes. The appendix is normal.

Ascites: None.

CT SCAN OF THE PELVIS:

FINDINGS:

Bladder: Unremarkable.

Reproductive Organs: 2.2 cm dominant right ovarian follicle.

Lymph Nodes: None pathologically enlarged.

Free fluid: None.

Bones/superficial soft tissues: Acute mild compression fracture superior endplate of T12. No destructive lytic or sclerotic lesions. No inguinal hernias.

IMPRESSION ABDOMEN:

1. No acute intra-abdominal process.
2. Acute mild compression fracture superior endplate of T12 with fracture lines extending to involve the right posterior elements.

IMPRESSION PELVIS:

1. No acute intrapelvic process.

Signed By: NOTINO, ANTHONY G. MD

Notes: Patient presents today with tenderness and pain after a fall yesterday. At this point, we'll obtain appropriate radiographic studies, basic laboratory studies, treat pain and nausea..

Reexamination/ Reevaluation

Time: 2/3/2018 15:07:00 .

Notes: Patient's workup is consistent with mild T12 compression fracture. At this point, we'll discharge to follow up with primary care and orthopedic spine surgery. We'll treat pain.

The patient understands to call or return immediately with worsening symptoms or other concerns..

Impression and Plan

T12 compression fracture

Plan

Printed: 03/02/2018 14:49

Page 24 of 77

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

Ut Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO

Dsch: 02/03/2018

ED MD Note

Condition: Improved.

Disposition: Discharged: Time 2/3/2018 15:09:00, to home.

Patient was given the following educational materials: Vertebral Fracture.

Follow up with: LYNNE ROSS; University Ortho 204-3200; UB Neuro Surgery 218-1000.

Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Regarding prescription, Patient indicated understanding of instructions.

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DO
 Dsch: 02/03/2018

ED RN

SERVICE DATE/TIME: 02/03/2018 15:30
 RESULT STATUS: Auth (Verified)
 PERFORM INFORMATION: CZAJA, ALLYSON E RN (02/03/2018 15:30)
 SIGN INFORMATION: CZAJA, ALLYSON E RN (02/03/2018 15:30)

ED Depart Vital Signs and Pain Entered On: 2/3/2018 15:30
Performed On: 2/3/2018 15:30 by CZAJA, ALLYSON E RN

Pain Scale

Primary Pain Present : Yes actual or suspected pain
 Primary Preferred Pain Tool : FACES/Numeric rating scale

CZAJA, ALLYSON E RN - 2/3/2018 15:30

Pain Scale - Preferred Pain Tool Amb

Primary FACES/Numeric Rating at Rest : 2
 Primary FACES/Numeric Rating Activity : 4
 Primary FACES/Numeric Rating Score Rest : 2
 Primary FACES/Numeric Rating Score Active : 4

CZAJA, ALLYSON E RN - 2/3/2018 15:30

Pain Assessment

Location : Back
 Laterality : Upper
 Primary Pain Time Pattern : Acute

CZAJA, ALLYSON E RN - 2/3/2018 15:30

SERVICE DATE/TIME: 02/03/2018 15:30
 RESULT STATUS: Auth (Verified)
 PERFORM INFORMATION: CZAJA, ALLYSON E RN (02/03/2018 15:30)
 SIGN INFORMATION: CZAJA, ALLYSON E RN (02/03/2018 15:30)

ED Nursing Discharge Summary Entered On: 2/3/2018 15:32
Performed On: 2/3/2018 15:30 by CZAJA, ALLYSON E RN

DC Information

DC Status : Discharged
 Discharged To : Home independently
 Discharge Home Treatments : None
 Discharge Home Equipment : None
 Professional Skilled Services : None
 Special Services and Community Resources : None
 ED Mode of Discharge : Walked
 Transportation : Other: lyft transportation

CZAJA, ALLYSON E RN - 2/3/2018 15:30

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J, DO

ED RN**Education Adult**

Responsible Learner(s) : No Data Available

Home Caregiver Present for Session : No

Barriers To Learning : None evident

Teaching Method : Explanation, Printed materials

CZAJA, ALLYSON E RN - 2/3/2018 15:30

Post-Hospital Education Adult Grid

Activity Expectations : Verbalizes understanding

Diagnostic Results : Verbalizes understanding

Importance of Follow-Up Visits : Verbalizes understanding

Pain Management : Verbalizes understanding

When to Call Health Care Provider : Verbalizes understanding

CZAJA, ALLYSON E RN - 2/3/2018 15:30

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J. DO
 Dsch: 02/03/2018

ED Triage

SERVICE DATE/TIME: 02/03/2018 09:45
 RESULT STATUS: Auth (Verified)
 PERFORM INFORMATION: GAILE, MARIE P RN (02/03/2018 09:45)
 SIGN INFORMATION: GAILE, MARIE P RN (02/03/2018 09:45)

ED Triage and Assessment Adult Entered On: 2/3/2018 9:52
Performed On: 2/3/2018 9:45 by GAILE, MARIE P RN

Dysphagia Screen

Dysphagia Screen Result : Pass

GAILE, MARIE P RN - 2/3/2018 9:45

General Triage

Arrival Date/Time : 02/03/2018 09:44
 Mode of Arrival : Walked
 Chief Complaint Description : States slipped on ice yesterday , took some old oxycodone for the pain, awoke today in worse pain back, left side and abd. pain 10/10. States today feel nausea.
 Vitals/HT/WT : Documented previously for this visit
 High Risk/Psychosocial Screen : N/A
 VS : Yes
 Triage Date/Time : 2/3/2018 9:45

GAILE, MARIE P RN - 2/3/2018 9:45

Language

Languages : English

GAILE, MARIE P RN - 2/3/2018 9:45

ID Screen

Travel Within Last 21 Days : No
 ID Ebola Screen Close Contact Travel : No
 ID Ebola Screen Close Contact Caregiver : No
 Symptom Trigger : 0

GAILE, MARIE P RN - 2/3/2018 9:45

Advance Directive

*Advance Directive : Declined

GAILE, MARIE P RN - 2/3/2018 9:45

Pain Scale

Primary Pain Present : Yes actual or suspected pain
 Primary Preferred Pain Tool : FACES/Numeric rating scale

GAILE, MARIE P RN - 2/3/2018 9:45

Pain Scale - Preferred Pain Tool Amb

Primary FACES/Numeric Rating at Rest : 10 = Worst possible pain
 Primary FACES/Numeric Rating Score Rest : 10

GAILE, MARIE P RN - 2/3/2018 9:45

Pain Assessment

Location : Other: back, left side, abd.

GAILE, MARIE P RN - 2/3/2018 9:45

Violent Behavior

Violent Behavior Risk Factors : None

Printed: 03/02/2018 14:49

Page 28 of 77

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.DO

Dsch: 02/03/2018

ED Triage**Reason for Visit/Problem List**

Reason For Visit Entered : Yes

GAILE, MARIE P RN - 2/3/2018 9:45

GAILE, MARIE P RN - 2/3/2018 9:45
 (As Of: 2/3/2018 09:52:04 EST)

Problems(Active)

Anemia (SNOMED CT
 :A25058B2-B8BF-48F2-B352-
 55586DF957D4)

Name of Problem: Anemia ; Onset Date: 1991 ; Recorder:
 CRONIN, LINDA J. WHNP; Confirmation: Confirmed ;
 Classification: Medical ; Code:
 A25058B2-B8BF-48F2-B352-55586DF957D4 ; Contributor
 System: PowerChart ; Last Updated: 9/19/2016 10:03 ; Life
 Cycle Date: 9/19/2016 ; Life Cycle Status: Active ;
 Vocabulary: SNOMED CT
 ; Comments:

9/19/2016 10:03 - CRONIN, LINDA J. WHNP
 hospitalized at age 18, dx'ed as iron deficient anemia

Obesity (SNOMED CT
 :2535065012)

Name of Problem: Obesity ; Recorder: System, System;
 Confirmation: Confirmed ; Classification: Medical ; Code:
 2535065012 ; Last Updated: 9/19/2016 9:51 ; Life Cycle Date:
 9/19/2016 ; Life Cycle Status: Active ; Vocabulary:
 SNOMED CT
 ; Comments:

9/19/2016 9:51 - System, System
 This problem was added by Discern Expert. KH_MU_BMI

Diagnoses(Active)

Fall

Date: 2/3/2018 ; Diagnosis Type: Reason For Visit ;
 Confirmation: Complaint of ; Clinical Dx: Fall ; Classification:
 Medical ; Clinical Service: Emergency medicine ; Code:
 PNED ; Probability: 0 ; Diagnosis Code:
 972DCDB6-6058-47E5-9321-44B9DBFE0EC6

Vital Signs

Temperature Oral : 36.9 degC(Converted to: 98.4 degF)
 Pulse Rate, Peripheral : 64 bpm
 Respiratory Rate : 18 BR/min
 Systolic/ Diastolic BP : 140 mmHg (High)
 Diastolic Blood Pressure : 98 mmHg (High)
 SpO2 : 100 %
 O2 Therapy : Room air

GAILE, MARIE P RN - 2/3/2018 9:45

Order Details

Transport Mode Order Detail : Wheelchair
 Isolation Precautions Order Detail : Standard
 Isolation Precautions RTF : No qualifying data available
 Pregnant Order Detail : No

Printed: 03/02/2018 14:49

Page 29 of 77

**Medical Record Request**

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DDB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

Of Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J.D.O

Dsch: 02/03/2018

ED Triage

IV Order Detail : 0
 Oxygen Order Detail : 0

Neurological Adult

Level of Consciousness : Alert
 Orientation Assessment : Oriented x 4

GAILE, MARIE P RN - 2/3/2018 9:45

Allergies/Home Medications

Allergy Information Status : Documented/Updated for this visit

GAILE, MARIE P RN - 2/3/2018 9:45

Allergies (Active)

No Known Medication Allergies Estimated Onset Date: Unspecified ; Created By: CRONIN, LINDA J.; Reaction Status: Active ; Category: Drug ;
 Substance: No Known Medication Allergies ; Type: Allergy ;
 Updated By: CRONIN, LINDA J.; Reviewed Date: 2/3/2018 9:49

GAILE, MARIE P RN - 2/3/2018 9:45
 (As Of: 2/3/2018 09:52:04 EST)

Medication ListHome Meds

oxyCODONE-acetaminophen : oxyCODONE-acetaminophen ; Status: Documented ;
 Ordered As Mnemonic: oxyCODONE-acetaminophen 7.5
 mg-325 mg oral tablet ; Simple Display Line: 1 tab, oral, q6h, 0
 Refill(s) ; Catalog Code: oxyCODONE-acetaminophen ; Order
 Dt/Tm: 2/3/2018 09:49:33

(As Of: 2/3/2018 09:52:04 EST)

General

Lactating : No
 Pregnancy Status : No menses
 Lines or Tubes Present on Admission : None
 Activity Assistance : Independent/No Lift Device Applicable
 Lactating Age : Yes

GAILE, MARIE P RN - 2/3/2018 9:45

Integumentary

Skin Integrity : Intact, no abnormalities

GAILE, MARIE P RN - 2/3/2018 9:45

Social History

Exposure to Tobacco Smoke : None

GAILE, MARIE P RN - 2/3/2018 9:45

Social History

Alcohol: Denies Alcohol Use
 (Last Updated: 9/19/2016 09:59:06 EDT by CRONIN, LINDA J.
 WHNP)

(As Of: 2/3/2018 09:52:04 EST)

Employment/School:

Printed: 03/02/2018 14:49

Page 30 of 77

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

UI Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J, DO

ED Triage

Unemployed (Last Updated: 9/19/2016 09:59:43 EDT by
CRONIN, LINDA J. WHNP)

Home/Environment:

Lives with Children, granddaughter. (Last Updated: 9/19/2016
09:59:35 EDT by CRONIN, LINDA J. WHNP)

Sexual:

Sexually active: No. Comments: 9/19/2016 10:00 - CRONIN,
LINDA J. WHNP: no sexual activity for 2 months, split up w/
partner (Last Updated: 9/19/2016 10:00:11 EDT by CRONIN,
LINDA J. WHNP) Comments: 9/19/2016 10:00 - CRONIN,
LINDA J. WHNP: was using condoms previously (Last
Updated: 9/19/2016 10:00:45 EDT by CRONIN, LINDA J.
WHNP)

Substance Abuse:

Denies Substance Abuse
(Last Updated: 9/19/2016 09:59:10 EDT by CRONIN, LINDA J.
WHNP)

Tobacco:

Never smoker (Last Updated: 9/19/2016 09:51:30 EDT by
SAEGERE, KEYVONNA S) Never smoker (Last Updated:
2/3/2018 09:50:14 EST by GAILE, MARIE P RN)

SERVICE DATE/TIME:

02/03/2018 09:45

RESULT STATUS:

Auth (Verified)

PERFORM INFORMATION:

GAILE, MARIE P RN (02/03/2018 09:45)

SIGN INFORMATION:

GAILE, MARIE P RN (02/03/2018 09:45)

ED ESI Entered On: 2/3/2018 9:45**Performed On: 2/3/2018 9:45 by GAILE, MARIE P RN****ESI***Is This**Patient Dying? : No**Is This a Patient Who Shouldn't Wait? : No**How Many Resources Will This Patient Need? : Many*

GAILE, MARIE P RN - 2/3/2018 9:45

DCP GENERIC CODE*Visit Reason : fall/ back pain**Triage Date/Time : 2/3/2018 9:45**Tracking Acuity : 3 - Yellow**Tracking Group : DMH Tracking Group*

Printed: 03/02/2018 14:49

Page 31 of 77

**Medical Record Request**

Med Rec Nbr: 1003295790

Financial Nbr: 75213332

Client Med Rec Nbr: 4437

DOB: 11/15/1973

Sex: Female

Adm: 02/03/2018

Dsch: 02/03/2018

Ut Nbr: 1003295790

Patient Name: SMITH, SHAULENE N

Organization: KH DEGRAFF

Patient Location: D-Emergency Rm

Physician: LYNCH, JOSHUA J.DO

ED Triage

ESI Ht-Wt : Yes

ESI Allergies : Deferred

Vitals Yes or Deferred : Deferred

GAILE, MARIE P RN - 2/3/2018 9:45

Height/Weight

Height/Length Dosing : 154.9 cm

Inches : 61 in(Converted to: 154.94 cm)

Weight Dosing : 67.59 kg

BSA Dosing : 1.71 m2

Body Mass Index Dosing : 28.17 kg/m2

Lbs : 149 lb(Converted to: 67.59 kg)

GAILE, MARIE P RN - 2/3/2018 9:45

GAILE, MARIE P RN - 2/3/2018 9:45



Medical Record Request

Med Rec Nbr: 1003295790
 Financial Nbr: 75213332
 Client Med Rec Nbr: 4437
 DOB: 11/15/1973
 Sex: Female
 Adm: 02/03/2018

UI Nbr: 1003295790
 Patient Name: SMITH, SHAULENE N
 Organization: KH DEGRAFF
 Patient Location: D-Emergency Rm
 Physician: LYNCH, JOSHUA J, DO
 Dsch: 02/03/2018

Clinical Diagnoses

Diagnosis: T12 compression fracture (Qualifier:)

Secondary Description:

Last Reviewed Date: 02/03/2018

Responsible Provider: LYNCH, JOSHUA J, DO

Diagnosis Date: 02/03/2018

Status: Active

Clinical Service: Non-Specified; Diagnoses Code: S22.080A; Classification: Medical; Confirmation: Confirmed

Diagnosis: Fall (Qualifier:)

Secondary Description:

Last Reviewed Date: 02/03/2018

Responsible Provider:

Diagnosis Date: 02/03/2018

Status: Active

Clinical Service: Emergency medicine; Diagnoses Code: 972DCDB6-6058-47E5-9321-44B9DBFE0EC6; Classification: Medical; Confirmation: Complaint of

KALEIDA HEALTH

Millard Fillmore Suburban Hospital
1540 Maple Rd

Williamsville NY 14221

(716)-568-3600

MRI Thoracic imaging w/o contrast

MRI Thoracic imaging w/o contrast

Exam Date/Time: 08/08/2018 10:09

Accession Number: MR-18-0016546

Reason For Exam: compression fx

Name: SHAULENE N SMITH

MR#: 1003295790

DOB: 11/15/1973 Age: 44

Location: KH SUBURBAN

Admission Date: 08/08/2018 09:06

Ordering Provider: Jonathan P. Riley

Patient Type: Clini

CLINICAL HISTORY: Numbness fingers and toes on the left.

TECHNIQUE: Multiple pulse sequences performed

COMPARISON: none

FINDINGS:

Thoracic intervertebral disc spaces well maintained.

No focal disc herniation or stenosis is seen.

No intramedullary abnormalities are appreciated.

Minor disc degeneration at T11-12 with a minimal bulging disc is seen.

No discitis or osteomyelitis is seen.

IMPRESSION:

Minor disc degeneration at T11-12. No significant thoracic MRI abnormalities appreciated.

READ BY.....: REGENBOGEN, VICTOR S. MD

DICTATED: 08/08/2018 10:13 am

TRANSCRIBED BY.....: 08/08/2018 10:13 am VSR

SIGNED 08/08/2018 10:17 am

ELECTRONICALLY BY...: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors,

unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

KALEIDA HEALTH

Millard Fillmore Suburban Hospital
1540 Maple Rd

Williamsville NY 14221
(716)-568-3600
MRI Cervical spine w/o contrast

MRI Cervical spine w/o contrast

Exam Date/Time: 08/08/2018 10:09
Accession Number: MR-18-0016547
Reason For Exam: compression fx

Name: SHAULENE N SMITH
MR#: 1003295790
DOB: 11/15/1973 Age: 44
Location: KH SUBURBAN
Admission Date: 08/08/2018 09:06
Ordering Provider: Jonathan P. Riley
Patient Type: Clini

HISTORY: Finger and toe numbness

TECHNIQUE: Multiple pulse sequences obtained through the cervical spine.

COMPARISON: none

FINDINGS:

Craniocervical junction unremarkable.

Cervical intervertebral disc spaces well maintained.

No focal disc herniation or stenosis seen.

Upper 4 thoracic levels unremarkable.

No intramedullary abnormalities are appreciated.

No discitis or osteomyelitis appreciated.

IMPRESSION:

Unremarkable MRI of the cervical spine.

READ BY.....: REGENBOGEN, VICTOR S. MD

DICTATED: 08/08/2018 10:09 am

TRANSCRIBED BY.....: 08/08/2018 10:09 am VSR

SIGNED 08/08/2018 10:12 am

ELECTRONICALLY BY...: REGENBOGEN, VICTOR S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors,
unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

DICTATED: 09/06/2018 9:58 am

TRANSCRIBED BY.....: 09/06/2018 9:58 am MSS

SIGNED 09/06/2018 10:09 am

ELECTRONICALLY BY...: SILBER, MICHAEL S. MD

A Kaleida Health dictation system was used to prepare this Imaging report.

Although each report is personally scanned for syntactic or grammatical errors,
unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

KALEIDA HEALTH

Millard Fillmore Suburban Hospital
1540 Maple Rd

Williamsville NY 14221
(716)-568-3600

MRI Cervical spine w + w/o contra

MRI Cervical spine w + w/o contra

Exam Date/Time: 09/06/2018 09:30

Accession Number: MR-18-0018650

Reason For Exam: wedge compression fx

INDICATION: Left upper and lower extremity numbness

Name: SHAULENE N SMITH

MR#: 1003295790

DOB: 11/15/1973 Age: 44

Location: KH SUBURBAN

Admission Date: 09/06/2018 08:11

Ordering Provider: Jonathan P. Riley

Patient Type: Clini

TECHNIQUE: Axial and sagittal MRI images of the cervical spine were obtained utilizing 14 cc of Omniscan.

COMPARISON: 8/20/2018

FINDINGS:

The bone marrow signal within the osseous structures is normal. There is mild disc degeneration seen throughout the cervical spine. There is no significant disc pathology present. There is no evidence of abnormal enhancement. The spinal cord has a normal appearance as does the visualized portion of the posterior fossa.

IMPRESSION:

1. Normal cervical spine MRI scan

READ BY.....: SILBER, MICHAEL S. MD

UB NEUROSURGERY

**Neurosurgery**

Eliot I. Levy, MD, DHA, FACS, FAHA

Gregory J. Castillo, MD, FACS

Jason M. Davies, MD, PhD

John G. Fehrbach IV, MD

Karin J. Gibbons, MD, FACS, FAANS

Vernell Li, MD

Douglas B. Moreland, MD, FACS

Jeffrey P. Muller, MD, MBA

Robert J. Pundarik, MD

John Pollina, MD, FACS

Renee Reynolds, MD, FAANS

Jonathan Riley, MD

Adrian H. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Snyder, MD, PhD, FAANS

Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM

Andrea C. Wong, MD, DABA, DABPM, MPH

Chiropractors

Jonathan P. Beck, DC

Sammy Kapour, DC

3900-A Sheridan Drive

Amherst, NY 14226

716/218-1000

EMR Fax: 716/659-2691

Buffalo General Medical Center

100 High Street - Section B4

Buffalo, NY 14203

716/218-1000

EMR Fax: 716/659-7460 & 7461

5859 Big Tree Road - Suite 103

Orchard Park, NY 14127

716/218-1000

EMR Fax: 716/677-4058

Chief Children's Outpatient Center

Convention Building

1001 Main Street - 3rd Floor

Buffalo, NY 14203

716/218-1040

EMR Fax: 716/342-2535

The Park Center

100 Park Club Lane

Williamsville, NY 14221

716/639-9402

EMR Fax: 716/639-3570

6230 Williams Road - Suite 3000

(Dr. Michael Stoffman)

Niagara Falls, NY 14304

716/218-1000

EMR Fax: 716/205-6306

Interventional Pain Management

(Dr. Jafar Siddiqui, Dr. Andrea Wong)

100 Park Club Lane

Suite 250

Williamsville, NY 14221

716/218-1000

EMR Fax: 716/509-7677

December 6, 2018

Patient Name: Shaulene N Smith
Date of Birth: 11/15/1973
Date of Exam: 12/06/18
Resident Physician: David Smolar, MD
Attending Physician: Jonathan Riley, MD

History: Ms. Smith is a 45-year-old female seen in followup for her prior T12 compression fracture. The patient also noted previously to be clinically myelopathic. A workup including an MRI of the brain and the cervical spine with and without contrast and neurology consultation were completed.

The patient denies any symptoms except for continued midline back pain in the lower thoracic region at the site of her prior fracture. She also describes a burning sensation in this area. There is pain with palpation in this region. She is otherwise doing well. No difficulties with ambulation. Some longstanding left shoulder pain.

Physical Examination: Ms. Smith is awake, alert, and oriented. Face is symmetrical. Tongue is midline. In bilateral upper extremities, right upper extremity is 5/5 throughout and left upper extremity distal 4+/5 in grip which is longstanding and pain limited. No Hoffman's sign. Bilateral lower extremities are 5/5 throughout. No hyperreflexia or clonus is noted. Sensation is grossly intact to light touch throughout.

Review of Studies: Cervical spine and brain MRI with and without contrast from 09/06/2018 are unremarkable. Otherwise, no new imaging; however, MRI of the thoracic spine from 08/08/2018 is unremarkable.

Medical Decision Making: Ms. Smith is a 45-year-old female complaining only of mild midline back pain. She had a prior T12 small compression fracture which has remained stable and was treated conservatively with bracing. At this point, Ms. Smith is cleared from a neurosurgical standpoint to return to her regular activities including work. She may follow up on a PRN basis. The patient was instructed to call the office with any concerns.

Thank you for allowing us to participate in the care of this patient.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial enco

Shaulene N Smith DD 12/06/2018

Page #2



Electronically signed by David Smolar, MD-Resident
David Smolar, MD

I have seen and examined the patient and agree with the above.



Electronically signed by Jonathan Riley, MD
Jonathan Riley, MD
DS/jmb

cc Lynne Ross MD
Dent Neurologic Institute
Christopher Deline MD

**Neurosurgery**

Eliot I. Levy, MD, MBA, FACS, FAHA

Gregory J. Castiglia, MD, FACS

Jason M. Davies, MD, PhD

John G. Fehdbeck IV, MD

Kevin J. Gibbons, MD, FACS, FAANS

Yongtao Li, MD

Douglas R. Moreland, MD, FACS

Jeffrey P. Nadine, MD, MBA

Robert J. Plunkett, MD

John Pollina, MD, FACS

Renee Reynolds, MD, FAANS

Jonathan Riley, MD

Adrian H. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Snyder, MD, PhD, FAANS

Michael E. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafer W. Siddiqui, MD, FAAPMR, DABPM

Andrea C. Wang, MD, DANA, DABPM, APM

Chiropractors

Jonathan P. Beck, DC

Sanjay Kapoor, DC

3909-A Sheridan Drive

Amherst, NY 14226

716/218-1000

EMR Fax: 716/620-2091

Buffalo General Medical Center

100 High Street - Section B4

Buffalo, NY 14203

716/218-1000

EMR Fax: 716/859-7480 & 7481

5859 N. Tree Road - Suite 109

Orchard Park, NY 14127

716/218-1000

EMR Fax: 716/677-4038

Orlief Children's Outpatient Center

Conventus Building

1001 Main Street - 3rd Floor

Buffalo, NY 14203

716/218-1040

EMR Fax: 716/342-2535

The Fork Center

180 Park Chute Lane

Williamsville, NY 14221

716/839-9482

EMR Fax: 716/839-3570

6230 Wilbur Road - Suite 3000

(Dr. Michael Stoffman)

Wingona Falls, NY 14304

716/218-1000

EMR Fax: 716/205-6306

Interventional Pain Management

(Dr. Arker Siddiqui, Dr. Andrea Wang)

180 Park Chute Lane

Suite 250

Williamsville, NY 14221

716/218-1000

EMR Fax: 716/509-7677

Date: 03/14/19

Name:

Shaulene N Smith

DOB: 11/15/1973

Shaulene N Smith may return to work on 03/18/2019 with the following restrictions: light duty.

Sincerely,

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD



April 26, 2018

NAME: Shaulene N Smith ID: 418036
DOB: 11/15/1973

Please excuse Shaulene N Smith from work 04/26/2018 to 07/12/2018 due to illness/injury. She is scheduled to be re-evaluated on July 12, 2018 and further disability determination will be made at that time.

Sincerely,

Jonathan Riley

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak.....(716) 218-1000, ext 6116

For billing questions..... (716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include X-rays, CTs or MRIs. Thank you.

****Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can result in your appointment being cancelled or rescheduled to the next available appointment.****

Neurosurgery
Elad I. Levy, MD, MBA, FACS, FAHA
Gregory J. Curtigian, MD, FACS
Jason M. Dawes, MD, PhD
John G. Fahrbach IV, MD
Kevin J. Kilbans, MD, FACS, FAANS
Victor Li, MD
Douglas B. Moreland, MD, FACS
Robert J. Plunkett, MD
John Pollina, MD, FACS
Renee Reynolds, MD, FAANS
Jonathan Riley, MD
Adnan H. Siddiqui, MD, PhD, FACS, FAHA
Kenneth V. Snyder, MD, PhD, FAANS
Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management
Jafar W. Siddiqui, MD, FAAPM, DABPM
Andrea C. Wong, MD, DABA, DABAPM, MPH

Chiropractors
Jonathan P. Beck, DC
Sunjay Kapoor, DC

3980-A Sheridan Drive
Amherst, NY 14226
716/218-1000
EMR Fax: 716/650-7691

Buffalo General Medical Center
100 High Street - Section B4
Buffalo, NY 14203
716/218-1000
EMR Fax: 716/659-7480 & 7481

5939 Big Tree Road - Suite 103
Orchard Park, NY 14127
716/218-1000
EMR Fax: 716/673-4038

Orchel Children's Outpatient Center
Conventus Building
1001 Main Street - 3rd Floor
Buffalo, NY 14203
716/218-1000
EMR Fax: 716/343-2535

The Park Center
100 Park Club Lane
Williamsville, NY 14221
716/639-9002
EMR Fax: 716/639-3570

6930 Williams Road - Suite 3000
(Dr. Michael Stoffman)
Niagara Falls, NY 14304
716/218-1000
EMR Fax: 716/205-8386

Interventional Pain Management
(Dr. Jafar Siddiqui, Dr. Andrea Wong)
100 Park Club Lane
Suite 250
Williamsville, NY 14221
716/218-1000
EMR Fax: 716/580-7677

**Neurosurgery**

Eliad I. Levy, MD, MBA, FACS, FAHA

Gregory J. Castiglione, MD, FACS

Jason M. Davies, MD, PhD

John G. Falzbach IV, MD

Kevin J. Gibbons, MD, FACS, FAHA

Vestel II, MD

Douglas B. Moreland, MD, FACS

Robert J. Plunkett, MD

John Pollina, MD, FACS

Rende Reynolds, MD, FAHA

Jonathan Riley, MD

Adrian H. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Snyder, MD, PhD, FAHA

Michael R. Stoffman, MD, FACS, FAHA

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM

Andrew C. Wong, MD, DABPM, DABPM (PM)

Chiropractors

Jonathan P. Beck, DC

Sunjay Kapoor, DC

3980-A Sheridan Drive

Amherst, NY 14226

716/218-1800

EMR Fax: 716/650-2691

Buffalo General Medical Center

100 High Street - Section B4

Buffalo, NY 14203

716/218-1800

EMR Fax: 716/659-7480 & 7481

5959 Big Tree Road - Suite 103

Orchard Park, NY 14127

716/218-1800

EMR Fax: 716/877-4838

Orchel Children's Outpatient Center

Conventus Building

1001 Main Street - 3rd Floor

Buffalo, NY 14203

716/218-1800

EMR Fax: 716/342-2535

The Park Center

180 Park Club Lane

Williamsville, NY 14221

716/839-9402

EMR Fax: 716/839-3570

6830 Williams Road - Suite 2000

(Dr. Michael Stoffman)

Niagara Falls, NY 14304

716/218-1800

EMR Fax: 716/205-8386

Interventional Pain Management

(Dr. Jafar Siddiqui, Dr. Andrew Wong)

180 Park Club Lane

Suite 250

Williamsville, NY 14221

716/218-1800

EMR Fax: 716/880-7677

April 26, 2018

Patient Name: Shaulene N Smith**Date of Birth:** 11/15/1973**Date of Exam:** 04/26/18**Physician:** Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 with the development of focal back pain. The patient recently when seen on 03/15/2018 was put in a TLSO given the presence of ongoing pain after a prior compression fracture at this point. The patient is seen on 04/26/2018 approximately two weeks after having been fitted with the TLSO. She returns to clinic at this time with new imaging.

Her symptomatology is essentially the same. She has improvement while wearing the brace but has discomfort when removing.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities.

Review of Studies: Patient has thoracic AP and lateral films which show no discernible change, certainly no worsening compression.

Medical Decision Making: The patient is a 44-year-old female status post a minimal T12 compression fracture and now with a TLSO brace. We recommend that the patient maintain a three-month period of brace utilization. We will have her follow up in clinic in approximately 2 1/2 months with a repeat CT scan. That will be a total of three months of wearing the brace. At that point in time, we will consider removing the brace and beginning the patient in physical therapy.

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,

Shaulene N Smith DD 04/26/2018

Page #2

A handwritten signature in black ink, appearing to read "Jonathan Riley". The signature is written in a cursive, somewhat stylized font.

Electronically signed by Jonathan Riley, MD
Jonathan Riley, MD
JR/jmb
cc Lynne Ross MD

KALEIDA HEALTH

DeGraff Memorial Hospital
445 Tremont Street

N. Tonawanda NY 14120

(716)-694-4500

Spine lumbosacral- 2 or 3 views

Spine lumbosacral- 2 or 3 views

Exam Date/Time: 06/18/2018 10:09

Accession Number: DX-18-0106014

Reason For Exam: wedge comp fx

Name: SHAULENE N SMITH

MR#: 1003295790

DOB: 11/15/1973 Age: 44

Location: KH DMH

Admission Date: 06/18/2018 09:40

Ordering Provider: Jonathan P. Riley

Patient Type: Clini

CLINICAL INDICATION: The patient is a 44-year-old female with history of a T12 compression fracture after a fall in February of this year. Patient complains of numbness involving the left toes.

TECHNIQUE: AP and lateral views of the lumbar spine are obtained.

COMPARISON: None.

FINDINGS: Exam demonstrates T12-S1. Osteoarthritis and disc disease is seen throughout the lumbar spine. Subtle loss of vertebral body height at T12 is unchanged from the prior exam. Paraspinal soft tissues are unremarkable.

IMPRESSION: Osteoarthritis and disc disease. Stable T12 compression fracture as described above.

READ BY.....: STOKOE, GAIL E. MD

Dictated 06/18/2018 10:47 am

Transcribed BY.....: 06/18/2018 10:47 am GES

KALEIDA HEALTH

DeGraff Memorial Hospital
445 Tremont Street

N. Tonawanda NY 14120
(716)-694-4500
Spine thoracic- 2 views

Spine thoracic- 2 views

Exam Date/Time: 06/18/2018 10:09
Accession Number: DX-18-0106013
Reason For Exam: wedge comp fx

Name: SHAULENE N SMITH

MR#: 1003295790

DOB: 11/15/1973 Age: 44

Location: KH DMH

Admission Date: 06/18/2018 09:40

Ordering Provider: Jonathan P. Riley

Patient Type: Clini

CLINICAL INDICATIONS: The patient is a 44-year-old female with numbness in the fingers.

TECHNIQUE: AP, lateral views of the thoracic spine are obtained.

COMPARISON: 03/15/2018.

FINDINGS: Exam demonstrates T1-T12. There is subtle loss of vertebral body height at T12 unchanged comparison the prior exam consistent with a subtle compression fracture. Osteoarthritis and disc disease is seen throughout the remaining thoracic spine. Pedicles are well-visualized. Paraspinal soft tissues are unremarkable.

IMPRESSION: Mild osteoarthritis and disc disease. Stable subtle T12 compression fracture seen. No acute bony abnormality is identified.

READ BY.....: STOKOE, GAIL E. MD

DICTATED: 06/18/2018 10:48 am

TRANSCRIBED BY.....: 06/18/2018 10:48 am GES



UNIVERSITY AT BUFFALO
NEUROSURGERY
UBNS.COM

July 12, 2018

NAME: Shaulene N Smith ID: 418036
DOB: 11/15/1973

Please excuse Shaulene N Smith from work 07/12/2018 to 08/17/2018 due to illness/injury. She is scheduled to be re-evaluated and further disability determination will be made at that time.

Sincerely,

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak.....(716) 218-1000, ext 6116

For billing questions..... (716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include X-rays, CTs or MRIs. Thank you.

****Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can result in your appointment being cancelled or rescheduled to the next available appointment.****

Neurosurgery

Eliad I. Levy, MD, MBA, FACS, FAHA

Gregory J. Cuddy, MD, FACS

Jason M. Davies, MD, PhD

John G. Fahrback IV, MD

Kevin J. Gibbons, MD, FACS, FAANS

Veetel LL, MD

Georgios B. Mordant, MD, FACS

Robert J. Plunkett, MD

John Pollina, MD, FACS

Renee Reynolds, MD, FAANS

Jonathan Riley, MD

Adrian H. Siddiqui, MD, PhD, FACS, FAHA

Kenneth V. Snyder, MD, PhD, FAANS

Michael B. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM

Andrea C. Wong, MD, DABA, DABAPM, MPH

Chiropractors

Jonathan P. Beck, DC

Suraj Kapoor, DC

3900-A Sheridan Drive

Amherst, NY 14226

716/218-1000

EMR Fax: 716/650-2691

Buffalo General Medical Center

100 High Street - Section B4

Buffalo, NY 14203

716/218-1000

EMR Fax: 716/659-7480 & 7481

5959 Big Tree Road - Suite 103

Orchard Park, NY 14127

716/218-1800

EMR Fax: 716/677-4838

Orchel Children's Outpatient Center

Corvus Building

1001 Main Street - 3rd Floor

Buffalo, NY 14203

716/218-1940

EMR Fax: 716/342-2535

The Park Center

180 Park Club Lane

Williamsville, NY 14221

716/659-9402

EMR Fax: 716/659-3570

6830 Williams Road - Suite 3000

(Dr. Michael Stoffman)

Niagara Falls, NY 14304

716/218-1000

EMR Fax: 716/205-9306

Interventional Pain Management

(Dr. Jafar Siddiqui, Dr. Andrea Wong)

180 Park Club Lane

Suite 250

Williamsville, NY 14221

716/218-1000

EMR Fax: 716/580-7677

Shaulene N Smith DOB 11/15/1973 UB NEUROSURGERY, INC

Page #2

SIGNED 06/18/2018 10:49 am

ELECTRONICALLY BY.: STOKOE, GAIL E. MD

A Kaleida Health dictation system was used to prepare this imaging report.

Although each report is personally scanned for syntactic or grammatical errors,
unintended but conspicuous translational errors can occur.

Please contact the Radiology department if there are questions about contents of this report.

.

.

SHAULENE SMITH- DOB: 11/15/1973

Generated at 03/20/2018 11:12 AM

SHAULENE SMITH
655 OLIVER ST APT 2 N TONAWANDA, NY 14120-
(716)310-6649

Source MRN: 2000001735560 HEALTHeLINK ID: 2000001735560

ENCOUNTERS

CLASS/ADMISSION	TYPE	SERVICE	STATUS	ASSOCIATED PROVIDERS	LOCATION	ENCOUNTER DATE	DATA SOURCE
	O (Elective)	Radiology		Attending: MD JONATHAN RILEY	DERS	03/15/2018 - (No End Date)	Kaleida Health System

RESULTS

ORDER TYPE	COLLECTED ON	STATUS	PROVIDER ON ORDER	INTERPRETATION	PERFORMING FACILITIES
Diagnostic Imaging	03/15/2018 10:59 AM	Final	MD JONATHAN RILEY (Ordering)	Normal	Kaleida Health System

SPINE THORACIC - 2 VIEWS Reported On: 03/15/2018 12:20 PM
ORGANIZER NOTES:

ACCESSION NUMBER: DX180047461

INDICATION: FOLLOW-UP OF FRACTURE OF T12 SEEN ON THE CT EXAMINATION OF 2/3/2018.

FINDINGS:

AP AND LATERAL VIEWS OF THE THORACIC SPINE , AP VIEW OF THE CERVICOTHORACIC JUNCTION
AND A LATERAL VIEW THE THORACOLUMBAR JUNCTION DEMONSTRATE NORMAL CURVATURE.

MILD COMPRESSION OF THE SUPERIOR ENDPLATE OF T12 IS SEEN.

NO RETROLISTHESIS IS SEEN.

MILD DISC SPACE NARROWING OF T11-T12 IS SEEN.

THE REMAINDER THE THORACIC VERTEBRAE ARE NORMAL IN HEIGHT.

IMPRESSION:

MILD COMPRESSION OF THE SUPERIOR ENDPLATE OF T12 IS SEEN.

NO SIGNIFICANT CHANGE IS SEEN FROM THE CT EXAMINATION OF 2/3/2018.

THE REMAINDER THE THORACIC VERTEBRAE APPEAR NORMAL IN HEIGHT AND ALIGNMENT.

READ BY.....: MAKHIJA, JASBEER S. MD

DICTATED: 03/15/2018 12:16 PM

TRANSCRIBED BY.....: 03/15/2018 12:16 PM JSM

SIGNED: 03/15/2018 12:19 PM

ELECTRONICALLY BY...: MAKHIJA, JASBEER S. MD

A KALEIDA HEALTH DICTATION SYSTEM WAS USED TO PREPARE THIS IMAGING REPORT.
ALTHOUGH EACH REPORT IS PERSONALLY SCANNED FOR SYNTACTIC OR GRAMMATICAL ERRORS,
UNINTENDED BUT CONSPICUOUS TRANSLATIONAL ERRORS CAN OCCUR.



UNIVERSITY AT BUFFALO
NEUROSURGERY
UBNS.COM

Elad L. Levy, MD, MBA, FACS, FAHA
Gregory J. Carriglio, MD, FACS
Jason M. Davies, MD, PhD
John G. Fahsback IV, MD
Kevin J. Gibbons, MD, FACS, FAANS
Veeraj L. MD
Douglas S. Mordant, MD, FACS
Simon Mott, MD, MPH
Robert J. Plunkett, MD
John Pollina, MD, FACS
Jonathan Riley, MD
Rende Reynolds, MD
Adnan H. Siddiqui, MD, PhD, FACS, FAHA
Kenneth V. Snyder, MD, PhD
Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management
Jafar W. Siddiqui, MD, FAAPMR, DABPM
Andrea Wong, MD

Chiropractors
Jonathan P. Beck, DC
Sergey Rapoport, DC

3930-A Sheridan Drive
Amherst, NY 14226
716/218-1000
EMR Fax: 716/650-3291

Buffalo General Medical Center
100 High Street - Section B4
Buffalo, NY 14203
716/218-1000
EMR Fax: 716/859-7480 & 7481

5959 Big Tree Road - Suite 103
Orchard Park, NY 14127
716/218-1000
EMR Fax: 716/677-4038

Michael Children's Outpatient Center
Conventus Building
1001 Main Street - 3rd Floor
Buffalo, NY 14222
716/218-1040
EMR Fax: 716/342-2535

The Park Center
180 Park Club Lane
Williamsville, NY 14221
716/839-9402
EMR Fax: 716/839-3570

6930 Williams Road - Suite 3800
(Dr. Michael Stoffman)
Niagara Falls, NY 14304
716/218-1000
EMR Fax: 716/205-8386

Interventional Pain Management
(Dr. Jafar Siddiqui, Dr. Andrea Wong)
180 Park Club Lane
Suite 230
Williamsville, NY 14221
716/218-1000

March 15, 2018

Patient Name: Shaulene N Smith
Date of Birth: 11/15/1973
Date of Exam: 03/15/18
Physician: Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 after which she developed focal back pain. This was controlled with medication in the days immediately following, but this has not improved, the patient being now approximately six weeks after this event. The patient describes her pain as being focal in the thoracolumbar area. It is not radicular and is not radiating. She has no numbness, tingling, or weakness in her lower extremities. She has no bowel or bladder dysfunction.

Past Medical History: Patient has a prior diagnosis of iron deficiency anemia and obesity.

Past Surgical History: Patient has had uterine biopsy and cyst removal of her right wrist x 2.

Family History: Notable for father having diabetes, her mother having hypertension previously, deceased. She has two brothers and six sisters, all alive and well.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities with focal tenderness to palpation of her thoracolumbar junction.

Review of Studies: She has imaging to include a CT scan from 02/03/2018 which demonstrates minimal thoracic compression fracture at the T12 level with minimal height loss.

Medical Decision Making: The patient is a 44-year-old female with ongoing back pain after a prior thoracic compression fracture from a fall. At the present time, we recommend the patient obtain repeat standing thoracic plain films, AP and lateral, including lumbar standing AP and lateral films. We recommend that the patient be fitted with a backpack style TLSO brace for comfort, assuming that these standing films are unremarkable in comparison to her prior CT scan. We recommend the patient to come back in another six weeks at three months post injury for CT scan of her thoracic and lumbar spine to ensure that there has been no worsening height loss and that there is no concern for stability.



UNIVERSITY AT BUFFALO
NEUROSURGERY
UBNS.COM

March 23, 2018

NAME: Shaulene N Smith
DOB: 11/15/1973

ID: 418036

Please excuse Shaulene N Smith from work 03/15/2018 to 04/26/2018 due to illness/injury. She is scheduled to be re-evaluated on April 26, 2018 and further disability determination will be made at that time.

Sincerely,

Jonathan Riley

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak.....(716) 218-1000, ext 6116

For billing questions..... (716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include X-rays, CTs or MRIs. Thank you.

****Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can result in your appointment being cancelled or rescheduled to the next available appointment.****

Elad I. Levy, MD, MBA, FACS, FAHA
Gregory J. Castiglia, MD, FACS
Jason M. Davies, MD, PhD
John G. Fairbrock IV, MD
Kevin J. Gibbons, MD, FACS, FAANS
Veeraj Li, MD
Douglas R. Moreland, MD, FACS
Simon Merr, MD, MPH
Robert J. Plonkett, MD
John Pollara, MD, FACS
Jonathan Riley, MD
Brenda Reynolds, MD
Adnan H. Siddiqui, MD, PhD, FACS, FAHA
Kenneth V. Snyder, MD, PhD
Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management
Jafar W. Siddiqui, MD, FAAPMR, DABPM
Andrea Wong, MD

Chiropractors
Jonathan P. Beck, DC
Sunjay Kapoor, DC

3930-A Sheridan Drive
Amherst, NY 14226
716/218-1000
EMR Fax: 716/630-2691

Buffalo General Medical Center
100 High Street - Section B4
Buffalo, NY 14203
716/218-1000
EMR Fax: 716/859-7480 & 7481

5959 Big Tree Road - Suite 103
Orchard Park, NY 14127
716/218-1000
EMR Fax: 716/677-4038

Orchard Children's Outpatient Center
Conventus Building
1001 Main Street - 3rd Floor
Buffalo, NY 14222
716/218-1040
EMR Fax: 716/342-2535

The Park Center
180 Park Club Lane
Williamsville, NY 14221
716/839-9402
EMR Fax: 716/839-3570

6930 Williams Road - Suite 3800
(Dr. Michael Stoffman)
Niagara Falls, NY 14304
716/218-1800
EMR Fax: 716/205-8386

Interventional Pain Management
(Dr. Jafar Siddiqui, Dr. Andrea Wong)
180 Park Club Lane
Suite 250
Williamsville, NY 14221
716/218-1800

SHAULENE SMITH- DOB: 11/15/1973

Generated at 03/20/2018 11:12 AM

PLEASE CONTACT THE RADIOLOGY DEPARTMENT IF THERE ARE QUESTIONS ABOUT CONTENTS OF THIS REPORT.

.
.



Neurosurgery

Elad I. Levy, MD, MBA, FACS, FAHA
Gregory J. Castiglia, MD, FACS
Jason M. Davies, MD, PhD
John G. Fahrbach IV, MD
Kevin J. Gibbons, MD, FACS, FAANS
Vestel Li, MD

Douglas B. Moreland, MD, FACS
Robert J. Plunkett, MD
Jolin Pollina, MD, FACS
Renee Reynolds, MD, FAANS
Jonathan Riley, MD

Adrian H. Siddiqui, MD, PhD, FACS, FAHA
Kenneth V. Snyder, MD, PhD, FAANS
Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM
Andrea C. Wong, MD, DABA, DABPM, MPH

Chiropractors

Jonathan P. Beck, DC
Sunjay Kapoor, DC

3980-A Sheridan Drive
Amherst, NY 14226

716/218-1000
EMR Fax: 716/650-2691

Buffalo General Medical Center
100 High Street • Section B4

Buffalo, NY 14203
716/218-1000
EMR Fax: 716/659-7480 & 7481

5959 Big Tree Road • Suite 103
Orchard Park, NY 14127

716/218-1000
EMR Fax: 716/677-4038

Oishei Children's Outpatient Center
Conventus Building

1001 Main Street • 3rd Floor
Buffalo, NY 14203

716/218-1040
EMR Fax: 716/342-2535

The Park Center

180 Park Club Lane
Williamsville, NY 14221

716/639-0402
EMR Fax: 716/639-3570

6930 Williams Road • Suite 3900
(Dr. Michael Stoffman)

Niagara Falls, NY 14304
716/218-1000

EMR Fax: 716/205-8986

Interventional Pain Management
(Dr. Jafar Siddiqui, Dr. Andrea Wong)

180 Park Club Lane
Suite 250

Williamsville, NY 14221
716/218-1000

EMR Fax: 716/580-7677

July 12, 2018

Patient Name: Shaulene N Smith
Date of Birth: 11/15/1973
Date of Exam: 07/12/18
Resident Physician: Michael Kogan, MD
Attending Physician: Jonathan Riley, MD

History: This is a 44-year-old female who obtained a compression fracture due to a fall on ice with no loss of consciousness in February of 2018. Subsequently, she has had severe back pain that has largely been unchanged in the brace. She presents today with followup thoracolumbar x-rays as was the plan on her last visit two months ago.

At this point, she says that her back pain is persistent and really has not improved at all even with the brace. She does admit to a mechanical component, although she states that the pain is pretty much present throughout. She does have pain when she sleeps. She completely denies any radicular-like pain or neck pain at this point; however, she does admit to impressive symptoms worsening over the last 1 1/2 months in her left upper and left lower extremity. She states that she has had some weakness in her hand and has numbness in all of her fingers as well as her large toe in the left lower extremity. She denies any acute changes but does state that this bothers to a very large extent. She denies any particular dermatomal sensory losses or radicular symptoms. She has no previous history of any kind of neurological deficits prior to this.

Physical Examination: The patient is alert, awake, and appropriate. Face is symmetric. Voice is clear. She is full strength on the right. On the left upper extremity, she is 4+/5 proximally and 4/5 distally. She has a Hoffmann's sign in the right upper extremity, minimal reflexes in the left upper extremity. She has diminished pinprick on the lateral side of her hand as well as a loss of light touch sensation there. Proprioception is intact. She has difficulty with rapid hand movements in the right upper extremity as well. The left lower extremity is 4+/5 throughout. She has hyperreflexia in her left patella compared to her right and diminished pinprick medially in her foot. She does have pain to palpation in her mid back that seems to correlate with her imaging.

Review of Studies: X-rays from 06/18/2018 were reviewed and compared to previous thoracolumbar x-rays. There is no progressive loss of height in her T12 vertebral body.

Medical Decision Making: The patient has a stable T12 compression fracture and has persistent pain. There is no progressive deformity in her thoracic spine. The

Shaulene N Smith DD 07/12/2018

Page #2


larger issue for her is her likely myelopathy considering her physical exam findings and complaints. We will discuss bringing her in for an MRI of the cervical spine. We will also

Thank you for allowing us to participate in the care of this patient.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture, Cervical disc disorder with myelopathy, unspecified cervical region


Electronically signed by Michael Kogan, M.D.-Resident
Michael Kogan, MD

Addendum: I have seen and examined the patient with the resident physician and agree with the above plan. We will plan for cervical MRI in setting of upper extremity numbness and onset of physical exam findings concerning for cervical myelopathy. We will also obtain thoracic imaging to attempt to clear patient of her TLSO


Electronically signed by Jonathan Riley, MD
Jonathan Riley, MD

MK/jmb

ccLynne Ross MD

**Neurosurgery**

Elad I. Levy, MD, MBA, FACS, FAHA
Gregory J. Castigilo, MD, FACS
Jason M. Davies, MD, PhD
John G. Fahrback IV, MD
Kevin J. Gibbons, MD, FACS, FAANS

Yee-tai Li, MD
Douglas E. Moreland, MD, FACS
Robert J. Plunkett, MD
John Pollina, MD, FACS
Renée Reynolds, MD, FAANS
Jonathan Riley, MD

Adnan H. Siddiqui, MD, PhD, FACS, FAHA
Kenneth V. Snyder, MD, PhD, FAANS
Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management

Jafar W. Siddiqui, MD, FAAPMR, DABPM
Andrea C. Wong, MD, DABIA, DABAPM, MPH

Chiropractors

Jonathan P. Beck, DC
Sunjay Kapoor, DC

3980-A Sheridan Drive
Amherst, NY 14226
716/218-1000
EMR Fax: 716/650-2691

Buffalo General Medical Center
100 High Street - Section B4
Buffalo, NY 14203
716/218-1800
EMR Fax: 716/639-7480 & 7481

5959 Big Tree Road - Suite 103
Orchard Park, NY 14127
716/218-1800
EMR Fax: 716/677-4038

Orshei Children's Outpatient Center
Conventus Building
1001 Main Street - 3rd Floor
Buffalo, NY 14203
716/218-1040
EMR Fax: 716/342-2535

The Park Center
180 Park Club Lane
Williamsville, NY 14221
716/639-8402
EMR Fax: 716/639-3570

6830 Williams Road - Suite 3800
(Dr. Michael Stoffman)
Niagara Falls, NY 14304
716/218-1000
EMR Fax: 716/205-8386

Interventional Pain Management
(Dr. Jafar Siddiqui, Dr. Andrea Wong)
180 Park Club Lane
Suite 250
Williamsville, NY 14221
716/218-1000
EMR Fax: 716/580-7677

April 26, 2018

Patient Name: Shaulene N Smith
Date of Birth: 11/15/1973
Date of Exam: 04/26/18
Physician: Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 with the development of focal back pain. The patient recently when seen on 03/15/2018 was put in a TLSO given the presence of ongoing pain after a prior compression fracture at this point. The patient is seen on 04/26/2018 approximately two weeks after having been fitted with the TLSO. She returns to clinic at this time with new imaging.

Her symptomatology is essentially the same. She has improvement while wearing the brace but has discomfort when removing.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities.

Review of Studies: Patient has thoracic AP and lateral films which show no discernible change, certainly no worsening compression.

Medical Decision Making: The patient is a 44-year-old female status post a minimal T12 compression fracture and now with a TLSO brace. We recommend that the patient maintain a three-month period of brace utilization. We will have her follow up in clinic in approximately 2 1/2 months with a repeat CT scan. That will be a total of three months of wearing the brace. At that point in time, we will consider removing the brace and beginning the patient in physical therapy.

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,

Shaulene N Smith DD 04/26/2018

Page #2

A handwritten signature in black ink, appearing to read "Jonathan Riley". The signature is written in a cursive, somewhat stylized font.

Electronically signed by Jonathan Riley, MD
Jonathan Riley, MD
JR/jmb
cc Lynne Ross MD



March 15, 2018

Patient Name: Shaulene N Smith
Date of Birth: 11/15/1973
Date of Exam: 03/15/18
Physician: Jonathan Riley, MD

History: The patient is a 44-year-old female who had a fall in early February of 2018 after which she developed focal back pain. This was controlled with medication in the days immediately following, but this has not improved, the patient being now approximately six weeks after this event. The patient describes her pain as being focal in the thoracolumbar area. It is not radicular and is not radiating. She has no numbness, tingling, or weakness in her lower extremities. She has no bowel or bladder dysfunction.

Past Medical History: Patient has a prior diagnosis of iron deficiency anemia and obesity.

Past Surgical History: Patient has had uterine biopsy and cyst removal of her right wrist x 2.

Family History: Notable for father having diabetes, her mother having hypertension previously, deceased. She has two brothers and six sisters, all alive and well.

Physical Examination: The patient is alert and oriented x 3. Following commands positive. Pupils equal, round, and reactive to light. Extraocular movements are intact. Following commands x four extremities. She is 5/5 x four extremities with focal tenderness to palpation of her thoracolumbar junction.

Review of Studies: She has imaging to include a CT scan from 02/03/2018 which demonstrates minimal thoracic compression fracture at the T12 level with minimal height loss.

Medical Decision Making: The patient is a 44-year-old female with ongoing back pain after a prior thoracic compression fracture from a fall. At the present time, we recommend the patient obtain repeat standing thoracic plain films, AP and lateral, including lumbar standing AP and lateral films. We recommend that the patient be fitted with a backpack style TLSO brace for comfort, assuming that these standing films are unremarkable in comparison to her prior CT scan. We recommend the patient to come back in another six weeks at three months post injury for CT scan of her thoracic and lumbar spine to ensure that there has been no worsening height loss and that there is no concern for stability.

Elad L. Levy, MD, MBA, FACS, FAHA
 Gregory J. Castiglia, MD, FACS
 Jason M. Dawley, MD, PhD
 John G. Fahrbach IV, MD
 Kevin J. Gibbons, MD, FACS, FAANS
 Vectors, MD
 Douglas B. Moreland, MD, FACS
 Simon Mott, MD, MPH
 Robert J. Platt, MD
 John Pollina, MD, FACS
 Jonathan Riley, MD
 Renske Reynolds, MD
 Adnan H. Siddiqui, MD, PhD, FACS, FAHA
 Kenneth V. Snyder, MD, PhD
 Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management
 Jafar W. Siddiqui, MD, FAAPMR, DABPM
 Andrea Wong, MD

Chiropractors
 Jonathan P. Beck, DC
 Sanjay Kapoor, DC

3380-A Sheridan Drive
 Amherst, NY 14226
 716/210-1000
 EMR Fax: 716/650-2691

Buffalo General Medical Center
 100 High Street - Section B4
 Buffalo, NY 14203
 716/210-1000
 EMR Fax: 716/859-7480 & 7481

5959 Big Tree Road - Suite 103
 Orchard Park, NY 14127
 716/210-1000
 EMR Fax: 716/677-4038

Oriskany Children's Outpatient Center
 Conventus Building
 1001 Main Street - 3rd Floor
 Buffalo, NY 14222
 716/210-1040
 EMR Fax: 716/342-2535

The Park Center
 180 Park Club Lane
 Williamsport, NY 14221
 716/839-9402
 EMR Fax: 716/839-3570

6930 Williams Road - Suite 3000
 (Dr. Michael Stoffman)
 Niagara Falls, NY 14304
 716/210-1000
 EMR Fax: 716/205-8386

Interventional Pain Management
 (Dr. Jafar Siddiqui, Dr. Andrea Wong)
 180 Park Club Lane
 Suite 230
 Williamsport, NY 14221
 716/210-1000

Shaulene N Smith DD 03/15/2018

Page #2

DME - PRODUCT:

Backpack TLSO: Horizon 456 (Breg/Aspen) - L0456

Shaulene N Smith was prescribed this orthosis for the following reasons of medical necessity:

- ☒ **Diagnosis: S22.080A - Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture**
- ☒ **To reduce pain by restricting mobility of the neck or trunk prior to any further intervention or hospital stay;**
- ☐ **To facilitate healing following a surgical procedure on the spine or related soft tissue;**
- ☐ **To facilitate healing following an injury to the spine or related soft tissues;**
- ☐ **To otherwise support weak spinal muscles and/or deformed spine**
- ☐ **For non-surgical medical management (conservative treatment) to assess the need and/or effectiveness for potential surgery.**

Thank you for allowing us to participate in this patient's care. Please do not hesitate to call with any questions or concerns.

Diagnosis: Wedge compression fracture of T11-T12 vertebra, initial encounter for closed fracture

Sincerely,



Electronically signed by Jonathan Riley, MD
Jonathan Riley, MD
JR/jmb
cc Lynne Ross MD

SHAULENE SMITH-DOB: 11/15/1973

Generated at 03/20/2018 11:12 AM

SHAULENE SMITH
655 OLIVER ST APT 2 N TONAWANDA, NY 14120-
(716)310-6649

Source MRN: 2000001735560 HEALTHeLINK ID: 2000001735560

ENCOUNTERS

CLASS (ADMISSION TYPE)	SERVICE	STATUS	ASSOCIATED PROVIDERS	LOCATION	ENCOUNTER DATE	DATA SOURCE
O (Elective)	Radiology		Attending: MD JONATHAN RILEY	DERS	03/15/2018 - (No End Date)	Kaleida Health System

RESULTS

ORDER TYPE	COLLECTED ON	STATUS	PROVIDERS ON ORDER	INTERPRETATION	PERFORMING FACILITIES
Diagnostic Imaging	03/15/2018 10:59 AM	Final	MD JONATHAN RILEY (Ordering)	Normal	Kaleida Health System

SPINE THORACIC- 2 VIEWS Reported On: 03/15/2018 12:20 PM
ORGANIZER NOTES:

ACCESSION NUMBER: DX180047461

INDICATION: FOLLOW-UP OF FRACTURE OF T12 SEEN ON THE CT EXAMINATION OF 2/3/2018.

FINDINGS:

AP AND LATERAL VIEWS OF THE THORACIC SPINE , AP VIEW OF THE CERVICOTHORACIC JUNCTION AND A LATERAL VIEW THE THORACOLUMBAR JUNCTION DEMONSTRATE NORMAL CURVATURE.

MILD COMPRESSION OF THE SUPERIOR ENDPLATE OF T12 IS SEEN.

NO RETROLISTHESIS IS SEEN.

MILD DISC SPACE NARROWING OF T11-T12 IS SEEN.

THE REMAINDER THE THORACIC VERTEBRAE ARE NORMAL IN HEIGHT.

IMPRESSION:

MILD COMPRESSION OF THE SUPERIOR ENDPLATE OF T12 IS SEEN.

NO SIGNIFICANT CHANGE IS SEEN FROM THE CT EXAMINATION OF 2/3/2018.

THE REMAINDER THE THORACIC VERTEBRAE APPEAR NORMAL IN HEIGHT AND ALIGNMENT.

READ BY.....: MAKHIJA, JASBEER S. MD

DICTATED: 03/15/2018 12:16 PM

TRANSCRIBED BY.....: 03/15/2018 12:16 PM JSM

SIGNED: 03/15/2018 12:19 PM

ELECTRONICALLY BY...: MAKHIJA, JASBEER S. MD

A KALEIDA HEALTH DICTATION SYSTEM WAS USED TO PREPARE THIS IMAGING REPORT.

ALTHOUGH EACH REPORT IS PERSONALLY SCANNED FOR SYNTACTIC OR GRAMMATICAL ERRORS, UNINTENDED BUT CONSPICUOUS TRANSLATIONAL ERRORS CAN OCCUR.

SHAULENE SMITH-DOB: 11/15/1973

Generated at 03/20/2018 11:12 AM

PLEASE CONTACT THE RADIOLOGY DEPARTMENT IF THERE ARE QUESTIONS ABOUT CONTENTS OF THIS REPORT.

Flag: General, Low, High

Abnormal: ! ↓ ↑ Critical: [icon] [icon] [icon] Severe: [icon] [icon] [icon]

Page 2 of 2



March 23, 2018

NAME: Shaulene N Smith
DOB: 11/15/1973

ID: 418036

Please excuse Shaulene N Smith from work 03/15/2018 to 04/26/2018 due to illness/injury. She is scheduled to be re-evaluated on April 26, 2018 and further disability determination will be made at that time.

Sincerely,

Electronically signed by agent of provider: Jessica Kryszak

CC: Lynne Ross, MD

Jonathan Riley, MD

Administrative Secretary:

Jessica Kryszak.....(716) 218-1000, ext 6116

For surgical scheduling questions:

Jessica Kryszak.....(716) 218-1000, ext 6116

For billing questions..... (716) 218-1000, Press 2

It is very important to bring all imaging films or CDs and their reports if you have them to any future office visit. This could include X-rays, CTs or MRIs. Thank you.

****Please be sure to have ALL testing/referral appointments completed before FOLLOW UP appointment. Failure to do so can result in your appointment being cancelled or rescheduled to the next available appointment.****

Elad I. Levy, MD, MBA, FACS, FAHA
Gregory J. Castiglia, MD, FACS
Jason M. Davies, MD, PhD
John G. Fahrbach IV, MD
Kevin J. Gibbons, MD, FACS, FAANS
Veetali Li, MD
Douglas B. Moreland, MD, FACS
Simon Moor, MD, MPH
Robert J. Pirokett, MD
John Pollina, MD, FACS
Jonathan Riley, MD
Fierde Reynolds, MD
Adnan H. Siddiqui, MD, PhD, FACS, FAHA
Kenneth V. Snyder, MD, PhD
Michael R. Stoffman, MD, FACS, FAANS

Interventional Pain Management
Jafar W. Siddiqui, MD, FAAPMR, DABPM
Andrea Wong, MD

Chiropractors
Jonathan P. Beck, DC
Sunjay Kapoor, DC

3980-A Sheridan Drive
Amherst, NY 14226
716/218-1000
EMR Fax: 716/650-2691

Buffalo General Medical Center
100 High Street - Section B4
Buffalo, NY 14203
716/218-1000
EMR Fax: 716/859-7480 & 7481

5959 Big Tree Road - Suite 103
Orchard Park, NY 14127
716/218-1000
EMR Fax: 716/677-4038

Osabel Children's Outpatient Center
Conventus Building
1001 Main Street - 3rd Floor
Buffalo, NY 14222
716/218-1040
EMR Fax: 716/342-2535

The Park Center
180 Park Club Lane
Williamsville, NY 14221
716/839-9402
EMR Fax: 716/839-3570

6930 Williams Road - Suite 3800
(Dr. Michael Stoffman)
Niagara Falls, NY 14304
716/218-1000
EMR Fax: 716/205-8386

Interventional Pain Management
(Dr. Jafar Siddiqui, Dr. Andrea Wong)
180 Park Club Lane
Suite 250
Williamsville, NY 14221
716/218-1000

DISBURSEMENTS

DAVID W. POLAK ATTORNEY AT LAW PC

OPERATING ACCOUNT
1370 UNION RD.
WEST SENeca, NY 14224
PH. 716-675-2889

DATE

6/25/18

29-1310-213

PAY
TO THE
ORDER OF

Ciox Health

\$ 12.88

Twelve Dollars AND EIGHTY EIGHT CENTS

DOLLARS

Citizens Bank®

FOR



DAVID W. POLAK ATTORNEY AT LAW PC

OPERATING ACCOUNT
1370 UNION RD.
WEST SENeca, NY 14224
PH. 716-675-2889

DATE

6/25/18

10323

29-1310-213

PAY
TO THE
ORDER OF

Ciox Health

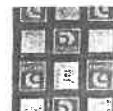
\$ 2.18

Two Dollars AND EIGHTEEN CENTS

DOLLARS

Citizens Bank®

FOR



DAVID W. POLAK ATTORNEY AT LAW PC

OPERATING ACCOUNT
1370 UNION RD.
WEST SENeca, NY 14224
PH. 716-675-2889

DATE

6/25/18

10324

29-1310-213

PAY
TO THE
ORDER OF

Ciox Health

\$ 15.34

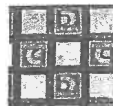
Fifteen Dollars AND THIRTY FOUR CENTS

DOLLARS

Citizens Bank®

FOR

Shawnee Smith



Ciox Health
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

Ciox
HEALTH
INVOICE

Invoice #: 0241489280
Date: 3/27/2018
Customer #: 1548595

Ship to:

David W Polak
David W Polak
1370 UNION RD
WEST SENECA, NY 14224-2919

Bill to:

David W Polak
David W Polak
1370 UNION RD
WEST SENECA, NY 14224-2919

Records from:

DEGRAFF MEMORIAL HOSPITAL
445 TREMONT AVE
KENMORE, NY 14217-2235

Requested By: DAVID W POLAK
Patient Name: SMITH SHAULENE

000-00-0000
11-15-1973
1003295790

Description	Quantity	Unit Price	Amount
Basic Fee			0.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	18	0.75	13.50
Shipping			1.84
Subtotal			15.34
Sales Tax			0.00
Invoice Total			15.34
Balance Due			15.34
Pay your invoice online at https://paycioxhealth.com/pay/			
Terms: Net 30 days		Please remit this amount : \$ 15.34 (USD)	

Ciox Health
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

Invoice #: 0241489280

Check # _____

Payment Amount \$ _____

Get future medical records as soon as they are processed,
by signing up for secure electronic delivery.
Register at: edelivery.cioxhealth.com

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.

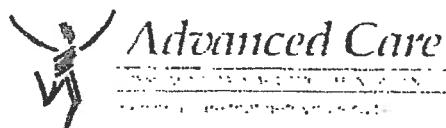
DAVID W. POLAK ATTORNEY AT LAW PC
OPERATING ACCOUNT
1370 UNION RD.
WEST SENECA, NY 14224
PH. 716-675-2889

PAY TO THE ORDER OF ADVANCED CARE PHYSICAL THERAPY \$ 28.50
Twenty Eight Dollars AND FIFTY CENTS
FOR Shaunelle Smith

[Signature]
DOLLARS

10481
DATE 10/24/18
29-1310-213

Security Features Details on back



DATE: September 11, 2018

ATTORNEY: David W. Polak

FAX: 716-675-2885

DEAR SIR/MADAM: Cheryl Scherik

The recording fee for our clinic is \$.75 per page.

RE: Shawlene Smith

For the above mentioned payment, the charge is as follows:

38 Pages x \$.75 = 28.50

For your convenience, we have 2 payment options that include checks or credit card

Please make checks payable to:

Advanced Care Physical Therapy

924 Main St Niagara Falls, NY 14301

Tax ID# 16-1608285

Or call 716-282-2888 and we can apply payment with credit card information

If we can be of further assistance to you in this matter, please contact our office at 716-282-2888 during our business hours of Monday-Friday 7am-7pm

Professionally,

Amanda Sz
Medical Records

Advanced Care Physical Therapy
Confidentiality Notice Applies

10443

DAVID W. POLAK ATTORNEY AT LAW PC
OPERATING ACCOUNT
1370 UNION RD
WEST SENECA, NY 14224
PH. 716-675-2889

PAY TO THE ORDER OF Cliff Heath

Seventeen Dollars and Fifty Nine Cents DOLLARS

FOR Spokane Smith

17.59

DATE 9/11/18 29-1310-213

****Citizens Bank®**

Security Features Details on back

Ciox Health
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

CIOX
HEALTH
INVOICE

Invoice #: 0253823366
Date: 8/24/2018
Customer #: 1548595

Ship to:

David W Polak
David W Polak
1370 UNION RD
WEST SENECA, NY 14224-2919

Bill to:

David W Polak
David W Polak
1370 UNION RD
WEST SENECA, NY 14224-2919

Records from:

MILLARD FILLMORE SUBURBAN HOSP
1540 MAPLE RD
WILLIAMSVILLE, NY 14221-3647

Requested By: DAVID W POLAK
Patient Name: SMITH SHAULENE

DOB: 1003295790
11151973

Description	Quantity	Unit Price	Amount
Basic Fee			0.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	21	0.75	15.75
Shipping			1.84
Subtotal			17.59
Sales Tax			0.00
Invoice Total			17.59
Balance Due			17.59

Pay your invoice online at <https://paycioxhealth.com/pay/>

Terms: Net 30 days **Please remit this amount : \$ 17.59 (USD)**

Ciox Health
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

Invoice #: 0253823366

Check # _____
Payment Amount \$ _____

Get future medical records as soon as they are processed,
by signing up for secure electronic delivery.
Register at: edelivery.cioxhealth.com

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.

DAVID W. POLAK ATTORNEY AT LAW PC

OPERATING ACCOUNT
1370 UNION RD.
WEST SENeca, NY 14224
PH. 716-675-2889

DATE

6/25/18

29-1310-213

PAY
TO THE
ORDER OF

C/Ox HEALTH

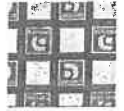
\$ 4.43

FOUR DOLLARS AND FORTY THREE CENTS

DOLLARS

Citizens Bank®

FOR



Details on back



Security Features

10326

DAVID W. POLAK ATTORNEY AT LAW PC

OPERATING ACCOUNT
1370 UNION RD.
WEST SENeca, NY 14224
PH. 716-675-2889

DATE

6/25/18

29-1310-213

PAY
TO THE
ORDER OF

C/Ox HEALTH

\$ 64.45

SIXTY FOUR DOLLARS AND FORTY FIVE CENTS

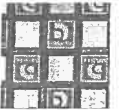
DOLLARS

Citizens Bank®

FOR

SITAKENK SMITH

RD



Details on back



Security Features

Ciox Health
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

CIOX
HEALTH
INVOICE

Invoice #: 0239628734
Date: 3/2/2018
Customer #: 1548595

Ship to:

David W Polak
David W Polak
1370 UNION RD
WEST SENECA, NY 14224-2919

Bill to:

David W Polak
David W Polak
1370 UNION RD
WEST SENECA, NY 14224-2919

Records from:

DEGRAFF MEMORIAL HOSPITAL
445 TREMONT AVE
KENMORE, NY 14217-2235

Requested By: DAVID W POLAK
Patient Name: SMITH SHAULENE

1003295790
DOB: 11151973

Description	Quantity	Unit Price	Amount
Basic Fee			0.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	77	0.75	57.75
Shipping			6.70
Subtotal			64.45
Sales Tax			0.00
Invoice Total			64.45
Balance Due			64.45

Pay your invoice online at <https://paycioxhealth.com/pay/>

Terms: Net 30 days Please remit this amount : \$ 64.45 (USD)

Ciox Health
P.O. Box 409740
Atlanta, Georgia 30384-9740
Fed Tax ID 58 - 2659941
1-800-367-1500

Invoice #: 0239628734

Check # _____
Payment Amount \$ _____

Get future medical records as soon as they are processed,
by signing up for secure electronic delivery.
Register at: edelivery.cioxhealth.com

Please return stub with payment.

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to collections@cioxhealth.com.



12/9/2020

Dear Sirs,

My name is Shaulene Smith and my reason for this letter is because I have no where else to turn and I am really in need of help and guidance.

On February 2, 2018 while walking to work I slipped and fell on the side walk where there was black ice. It was snowing lightly and I did not know that even though the side walk was shoveled it was not salted so it got really slippery. Anyway I fell and could hardly stand to get up but still I pushed myself up but felt a sharp pain in my back. I thought it was just going to be sore and went to work but as the day progressed I could barely move and the pain kept getting worse. I bought some aleve but that did not help so I told my boss I needed to go home. I reached home and took an oxycodone I had from my hysterectomy surgery the year before and went to sleep but when I awoke I could not move properly and the pain was now unbearable. I went to the emergency room and after a CT Scan was told I had a T11-T12 ^{vertebral} compressed fracture. I was told to follow up with my Primary care and was then referred to ~~AB~~ neurology to see a neurosurgeon who then put me in a ~~brace~~ brace for 3 months which ended up being nine months after which I was sent to physical therapy.

I was told Surgery would not help as my vertebrae was crushed but not broken and that they could not be Straightened out. I retained a lawyer who took my case and had me sign documents that he was now representing me in my case. He advised me to call each time I went to see a specialist or had therapy which I kept doing until right before Covid shut things down. I called on the last day of my physical therapy and asked the Secretary why has it taken so long to hear any thing regarding my case and was told they had just sent over a package with more medical records that were requested by the City of North Tonawanda attorney. This is something I have done each time I call and was told the same thing. I forgot to mention that in May 2018 we did receive a date for a 50 hearing I think is what it is called but two weeks before ~~the~~ the hearing my lawyer cancelled and had his Secretary call me to explain he was going to ~~be~~ be out of town on that day. My lawyer then told me each time I called that he still has not heard anything back regarding a new hearing. In July of this year I got a voice message from my long term disability stating that they need the information for my new attorney as the one they had said he is no longer representing me. you can imagine my shock as I spoke to

his office only a couple months prior and was not told this. I immediately called his office and his Secretary told me he would not say that as he just took the call from Standard Security. She told me she would have him call me as he just stepped out to the bank but he never called and I was left in the dark not knowing what to do or what was going on. I finally got my lawyer after calling a couple days and was told he dropped my case April 2014 and that a letter was sent out to me. He asked if I move, I said no he said he had no idea what happen to the letter he sent and that he thought I took his advice and dropped the case as I really did not have one. He said I told the ER doctors I fell in the street and not the sidewalk and that I took an oxycodone why did I have that. I was shocked because now he was making it seem like I was a drug addict which I was I would not have had those pills left over from surgery a year earlier. I asked for all my paper work which he charged me for and when ask why his Secretary never informed me all those months when I kept calling to give information he said they haven't heard from me since he sent out the letter letting me know he was no longer my attorney. A letter I never received but yet he produced when

I went to pick up my documents. I have
 tried to retain other attorneys since but was
 told nothing was done with my case and
 no documents were filed. They also told me
 that the time had passed to file those documents
 and that if I had known sooner something could
 have been done but that me not knowing my
 lawyer was not my lawyer messed things up.
 My point here is if I did not have a case
 why agree to represent me in the first place?
 Why did they not tell me all those times I
 called that he was not representing me? Why
 never asked if I received the letter they sent
 me? I received everything else why not that
 letter and a letter from my lawyer is not
 something I would ignore. I am now a
 broken woman who can't stand or sit for
 even a 30 minutes without feeling pain. I
 can't stand to make a proper meal for my
 kids who most of the time have to fend for
 themselves ~~also~~^{as} I am in too much pain to stand
 and cook. I have a sit down job and still
 end up in the ER because of pain I'm still
 feeling to this day. I was a healthy vibrant
 woman who on that day when I slipped and
 got injured have not been the same since. Every
 day for me is filled with pain and medications
 that don't even help me. This lawyer never
 even gave me the chance to be heard and

I really don't think it's fair that he gets away with ~~this~~ this misrepresentation if it can even be called that. They take an oath to fight for their clients but instead my lawyer threw me to the side and didn't even care that I ^{am} ~~was~~ a single mother who needs to work to take care of her family. I still do but it is hard, I push through the pain and after I cry in bed from all the pain in my spine.

I write this letter because I have tried other attorneys who said there is nothing they can do. I have called the Bar Association and even left messages to which there is no response.

I don't deserve what this lawyer did to me and this is not about money but about how I was treated. I wish I never fell that day because my life would have been better for it but it happened and now I will spend the rest of my life in pain as a reminder of what I went through not just with my injured spine but for knowing I had a lawyer who did nothing to help me.

I thank you for taking the time to read this. I hope I hear back from you even with some guidance of what I can do now.

Sincerely
Shaun-Scott

FREE LEGAL ADVICE



provided by
ECBA
VOLUNTEER LAWYERS PROJECT

Due to the Novel Coronavirus (COVID-19), the pro se assistance program for Federal Court low-income litigants is operating remotely as of May 1st.

716 847-0662 x340

Calls returned within 24 hours.